MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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3261

CERTIFICATE OF DEATH

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		·						Keg. Dist		-
1. PLACE OF DEATH a. COUNTY	Frederick		MARYLAND	2. USUAL RESID a. STATE	Maryl		l. If instituti b. COUNTY			nission)
b. CITY OR TOWN RURAL and give to Frederic	· ·	s, write c. LENGTI	ths		OWN (If autsi	ide carporale li ick	mits, write R	URAL and giv	ve negrest to	wn)
d. NAME OF HOSP OR INSTITUTION	TAL (If not in haspital, gi			d. STREET AL		t South	Stree	t	ON	RESIDENCE A FARMA NO
3. NAME OF DECEASED (Type or print)	Firs SYL	VIA	Middle IRENE	Last ALEX	ANDER 4	OF DEATH	Man		15°,	Year 60
5. SEX Female		7. MARRIED NE	DIVORCED	B. DATE OF BIRTH		1881 9. 6	E (In years pirthday) yrs.	IF UNDER 1 Manths D	YEAR IF UN Pays Havi	
10a. USUAL OCCUPAT during most of wo House-wo	ON (Give kind af wark d rking life, even if retired) rk	ane 10b. KIND OF 8		TRY 11. 8IRTHPL	Maryl	-		12. CITIZE	USA.	TCOUNTRY
13. FATHER'S NAME	icha èl Ander	rs		14. MOTHER'S		ine Rho	deric	k		= 1
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FORC (If yes, give wor or dates of sec			· Horace	M. Al	e n ander	Add Same		em #2	172
PART I. DE 420 Conditions, if gave rise to cause (a), stating lying couse last	the under-	arte	rio-E	el In	roue alée	hear	Td	Ĉs.	180	rs.
CATIC	HER SIGNIFICANT COND	ONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO	THETERMINA	L DISEASE CON	NDITION GIV	EN IN PART	PER	S AUTOPS
	AS UNDERLYING DEATH CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DESCRIBE HOW	INJURY OCCURRED), (Enter nature af	injury in Parl	l I ar Part II of	item 18.)			
Y 20c. TIME OF INJU Havr o. m.	RY Manth, Day, Yea 19	While Not wark at work	vhile fac	ICE OF INJURY (Harry, street, affice	lame, farm, bldg., elc.)	20f. (City ar ta	wn)	(Ca	iunty)	(State
alive on 1.7	hat I attended the Figure 1. Charles H. Co	10/00.	and that death	M.D. Profe	6:15RA		causes and city or town,		date stat	ed abav
220. SURIAL, CREMATI REMOVAL (Specify	Mar. 18,	220. (414)	Hope Cemetery of		22	Woods	(City, town,	ar caunty)		yland
23. FUNERAL DIRECTO	rs signature chison & Soi	n, Frederi		and	24a, REC'D B	2 1 '60		STRAR'S SIGN	NATURE	

The law requires that the death certificate be executed within 24 haurs after death. Page 4 lled in by the funeral director is 1 and 2 should be filed with O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed we be retained by the haspital or attending physician.

NERAL DIRECTOR: After this certificate has been signed by the attending physician and camplett page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers.

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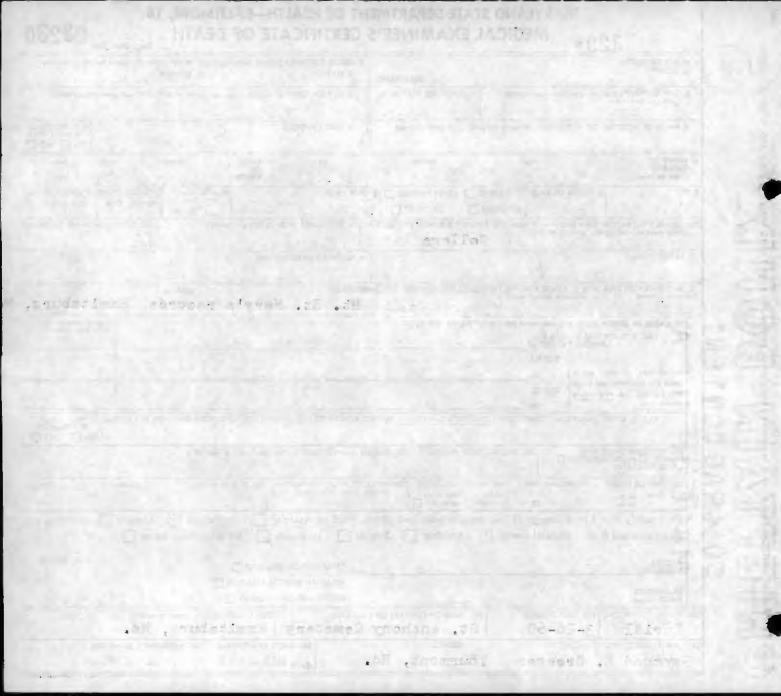
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VS #15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

	262	CERTIFICA	AIL OI L	FAIII			Reg. Dist. N	ło.	
1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND	2. USUAL RESID	Maryla		d. If institution b. COUNTY		efore admis	sion)
b. CITY OR TOWN (If outside carporate RURAL and give nearest town) Frederick		Hours	c. CITY OR 1		side corporate l		"-	nearest tow	n)
d. NAME OF HOSPITAL (If not in hospit OR INSTITUTION Frederick Memoria			d. STREET A						SIDENCE A FARM?
3. NAME OF DECEASED (Type or print) RI	First CHARD	Middle PORTER	BAER	1	DATE OF DEATH	March		,	Year 19 60
s. sex Male 6. COLOR OR RA White	WIDOWED A	NEVER MARRIED	B. DATE OF BIRTH		1884 7		Months Day		ER 24 HRS Min.
Oo. USUAL OCCUPATION (Give kind of we during most of working life, even if re	vork dane 10b. KIND (litired)	OF BUSINESS OR INDU		ACE (State or		()	12.CITIZEN	OF WHAT O	
John R. Bae	er		14. MOTHER'S		me aret Sc	hwearin	g		
15. WAS DECEASEDEVER IN U. S. ARMED Yes. no. or unknown)	es of service)		. J. Emoi	ry Baer		line^Bl erick,		nd	
Canditions, if ony, which gove rise to immediate	BY:	yozardia	e levos	i e cy r	à .		Ö	2 //L	DEATH
Couse (o), stoting the under- lying couse lost. Part II. OTHER SIGNIFICANT ((c) De	a helis BUTING TO DEATH BUT	NOT RELATED TO		AL DISEASE CO	NDITION GIVE	N IN PART 1(o	19. WAS	ORMED?
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH	IOW INJURY OCCURRE	D. Enter noture o	f injury in Po	rt I or Part II a	item 18.)		YES) NO [
ZOC. TIME OF INJURY Month, Day, Hour e.m. p.m.		lot while fo	ACE OF INJURY (I clary, street, office		20f. (City or to	own)	(Coun	ty)	(Stote
21. I certify that I attended alive an 3/10 ACTUAL SIGNATURE S. R. &		am3/7, and that death		A		city or town, s	on the do	ate stated	d abave
PHYSICIAN'S L2 R. Sch	noolman, M	D.	Fred	erick,	Maryla	nd			
220. BURIAL, CREMATION, 22b. DATE THE REMOVAL (Specify) Mar .1		NAME OF CEMETERY O		2	2d. LOCATION Frede		, .	(Stor	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & S		DDRESS rick, Maryl	and	24a, REC'D DATE AD	BY REGISTRAR	24b. REGIST	TRAR'S SIGNA	TURE	

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VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3302 CERTIFICATE OF DEATH

Reg. Dist. No.

)	1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Maryland	d lived. If institution: Residence before admission) b. COUNTY Frederick
	b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) Frederick-Rural-R.D.	413		orate limits, write RURAL and give nearest town) Rural - R.D.#4
	d. NAME OF HOSPITAL (If not in haspital, give OR INSTITUTION Teen Barnes Road	e street address)	/ d. STREET ADDRESS Teen Barnes	e. IS RESIDENCE ON A FARM? YES NO IN
	3. NAME OF First DECEASED (Type or print) MAR	RSHALL COLUMBUS	BAKER 4. DATE OF DEATH	March Day Year 19 60
			B. DATE OF BIRTH October 12,1906	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work dor during most of working life, even if retired) Retail Bread Route	ne 10b. KIND OF BUSINESS OR INDUS Salesman	11. BIRTHPLACE (State or foreign of Maryland	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME Charles W. Baker		14. MOTHER'S MAIDEN NAME MOTH	ie Umberger
I	WAS DECEASED EVER IN U. S. ARMED FORCE (Yet, no, or unknown) (If yes, give war or dates of service) (No. 1)	lead lead	viormant s. Virginia I. Bak	er-Same as item #2
)	20g. ACCIDENT WAS UNDERLYING 20 20 OR CONTRIBUTING 20 CAUSE OF DEATH		CANCENSMAL OR RELATED TO THE TERMINAL DISEAS O. (Enter nature of injury in Part I or Part	SE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO A
	TO (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19	20d. INJURY OCCURRED While Not while of work of work	ACE OF INJURY (Home, farm, 20f. (City tory, street, affice bldg., etc.)	y or lown) (County) (State)
	21. I certify that I attended the dealive an ACTUAL SIGNATURE CLUCK (PHYSICIAN'S MELVIN E. I.	, 19 , and that death	accurred at 8:15PM, from	
	220. BURIAL, CREMATION, REMOVAL (Specify) Mar .18,190	22c. NAME OF CEMETERY OF Mount Olivet		TION (City, town, or county) (State) derick, Maryland
	23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son,	ADDRESS Frederick, Maryla	24o. REC'D BY REGIS DATE MAR 2 1	. 14

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3263 **CERTIFICATE OF DEATH** Rea. Dist. No. eral director, be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY Frederick b. COUNTY MARYLAND Marvland Frederick b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) days Brunswick d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Pines Nursing Home Rast Potomac Street YES NO.E. NAME OF Middle Lost 4. DATE Month Year DECEASED Charles Barnard DEATH (Type or print) 1960 9 AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH fast birthdoy) Months Days Alin. White Male WIDOWED DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ģ Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Spanish American Himes Knoxville Maryland Mrs.Lawrence 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b)/ond (c).) INTERVAL BETWEEN ONSET AND DEATH PART 1, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gave rise to immediate DUE TO cottse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200: ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) G. m. Not while at wark ot work 21. I certify that I attended the deceased from ., 19____,that I last saw the deceased and that death occurred at 6 ./5 M, from the causes and on the date stated above. ADDRESS (Street, city or town, grate) ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) -1960 Brethern Prownavill 246. REGISTRAR'S SIGNATURE Ö 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR Brunswick, Maryland DATE MAR 1 4 '60 VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

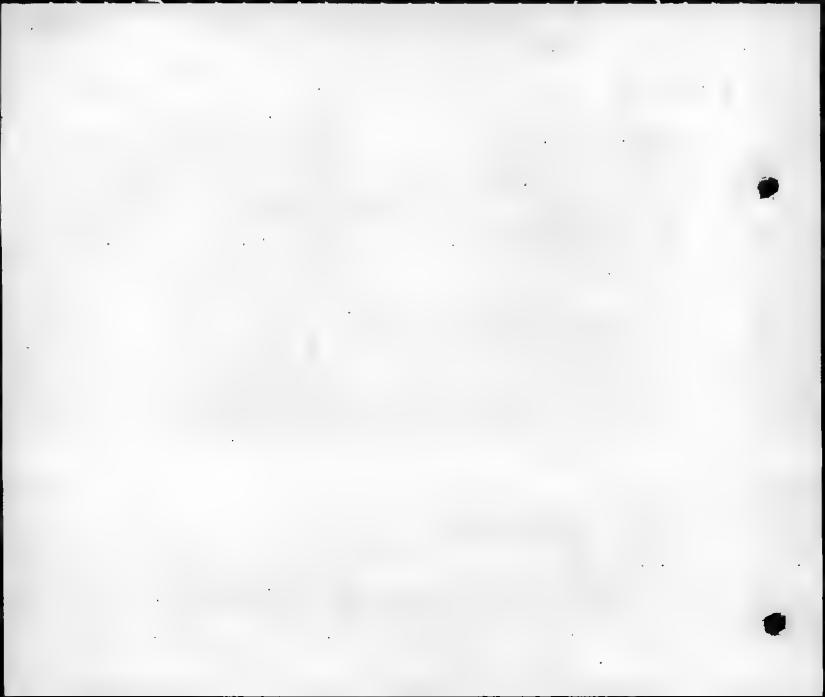


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter deoth. Page 4 revained by the haspital ar attending physician.

TO RAL DIRECTOR: After this certificate has been signed by the attending physician and camplete! Fed in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filed with the State Board of Health priar to burial, cremation, or remayal, and in ony event, within 72 haurs asket ceath

VR A15 (4) 15M 9/59

1	PLACE OF DEATH o. COUNTY FREDERIC	K		MARYLA		2. USUAL RESIDENCE (WO. STATE MARYLAND	/here deceased	lived. If institution b. COUNTY	on Residence			on)
/		outside carporate limit	s, write c. i	LENGTH OF STAY IN	4 1b	c. CITY OR TOWN (IF	outside corpo	rote limits, write R				
	FREDERI	CK_CITY				ADAMSTOW	N. MAE	RYLAND				
· And	or estitution FREDERI	AL (If not in hospital, g CK CITY H	ive street oddr OSPIT			BOX 34	,			e	ON A F	FARM?
	3 NAME OF DECEASED	Firs	it	Middle		Lost	4. DATE OF	Mon	th	Doy	Ye	ear
	(Type or print)	GOR	DON	DeWITT	1	BEAM	DEATH	Mai	rch	25	19	9 60
	S. SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	8	DATE OF BIRTH		9. AGE (In years low birthdoy)	IF UNDER	_		
	MALE	WHITE	WIDOWED [<u> </u>		July 24,18		yrs yrs	MONTHS	Doys	Hours	Min.
	Retired	N (Give kind of work of ing life, even if retired) Dairy Far		o of Business or Dairy	INDUST	North Ca				I.S/	A A	DUNTRI
	13. FATHER'S NAME					14. MOTHER'S MAIDEN						
	EDWARD B						KATE I	BENNETT				
	15. WAS DECEASED EVER	R IN U.S. ARMED FORG If year, gave wor or dates of se	CES? 16, SOC	IAL SECURITY NO.	}	DRMANT		Add			_	
	Yes	TH [Enter only one co		<u>-18-5431</u>	Mr	s. Eunice	Beam	Adams	cown,	Ma	ryla	and
	Conditions, if or gove rise to in couse (o), stating in lying couse lost.	he under- DUE TO	Le	L are	eck ye	of RELATED TO THE TERA	Alniar Dice aci	clim	EN IN PART	1-	T AND E	4.
7	Zog. ACCIDENT WA	Letes 1	mel	litin	.11	celd, Perl	more	ny Erry	Lynn		PERFOR	NO X
	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH				tana matara at mijary m	٤	7				
	20c. TIME OF INJURY Hour o. m. p. m	Month, Doy, Yea	r 20d. INJUR While of work	Y OCCURRED 20 Not while of wark	Oe. PLAC	E OF INJURY (Home, far ry, street, office bldg., et	m, 20f. (City	ar town)	(C	ounty)		(Stat
		t (I) (this haspital)				oth occurred at 35		the causes an				
ı	220 SIGNATURE	48 I	in	in, h	M.	D. ATTENDING	AED DIRECTOR [STAFF PHYS		37	22b	DATE SIGNE
	NAME (Type)	OBERT	5.70	IRNER,	JR	22d ADDRESS 7	E. CH		1			
	23o. BURIAL, CREMATION REMOVAL (Specify)			. NAME OF CEMETS				ION (City, town,			(State))
	BUT1 a L 24. FUNERAL DIRECTOR'S	3-29-60		Arlingto ADDRESS	n N	atl.Cem.		Lington		gin	-	
	Robert A	• Pumphre	y Be	thesda,	Mar	reland:	D BY REGIST		STRAR'S SIG			
						DATE	THE O	99	1.71 - 0	cles**	-	



CEPTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 led in by the funeral director, is I and 2 should be filed with 01 reay be retained by the hospital ar attending physician.

TO TERAL DIRECTOR: After this certificate has been signed by the attending physician and camples page 3 should be detached for use as the burial-transit permit. Then please remarkanguban papers, the registrar priar to burial, arematian, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/S5

	0000	CERTITICATI	OI DEATH	Reg. Dist.	No.
1	PLACE OF DEATH a. COUNTY Friderick	MARYLAND 2.	USUAL RESIDENCE (Where deceases a. STATE	d lived. If institutions Residence b	pefore admission)
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	rote limits, write RURAL and give	nearest lown)
	d. NAME OF HOSPITAL (If not in haspital, give street add OR INSTITUTION.	Hospital 1	d. STREET ADDRESS	William	e. IS RESIDENCE ON A FARM? YES TO NO TO
3.	NAME OF First DECEASED (Type or print)	Middle B	Losi 4. DATE OF DEATH	Month Marsh	Day Year
S.	SEX 6. COLOR OR RACE 7. MARRIED WIDOWED		ATE OF BIRTH	9. AGE (In years IF UNDER 1 YI	EAR IF UNDER 24 HRS
100	O. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of warking life, even if retired)	ND OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or foreign co	ountry) 12. CITIZE	N OF WHAT COUNTRY?
13.	FATHER'S NAME	14	MOTHER'S MAIDEN NAME	Build	<u> </u>
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	CIAL SECURITY NO. 17. INFOR	IMANT E. Bancol	Address (h. P.)	ml
_	18. CAUSE OF DEATH [Enter only one couse per line in PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	for (a), (b), and (c).]	late -	requier a	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause tast.	metastases	to pelin, spin	e, lung	lyear
CATION	Part II OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART I(19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	200. ACCIDENT WAS UNDERLYING 20b. DESCRI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED (E	nter nature of injury in Part I or Par	t II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJU Hour a m. 19 While at wark [Not while factory,	OF INJURY (Home, farm, street, affice bldg , etc.)	or tawn) (Caul	nty) (State)
	21. I certify that I attended the deceased olive on 10 March, 19 CO		curred at 8:20 ft.M, from	11. 19.60, that I los in the couses and on the treet, city or town, state!	
22.	NAME (TYPO) JAMES E. S	TONER, JR.	- Indiana		
	REMOVAL (Specify) 3/10/60	CRAPE OF CEMETERY OR CR	utery m.	TION (City, town, or county)	(State)
23. 	FUNERAL DIRECTOR'S SIGNATURE /	ADDRESS	24a. REC'D BY REGIST		



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3266 CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY Tree	ederick		MARYLAND	il o. STATE	ence (www aryla		lived. If institut b COUNTY		e before o	*
b. CITY OR TOWN (I RURAL and give no	If outside corporate limits earest town).	, write	Lafetime	11 4 2	own (If or reder		ate limits, write f	RURAL ond g	give necres	I fown)
d. NAME OF HOSPIT OR INSTITUTION	At (If not in hospital, give East Patri	ck S	treet	d. STREET A		st Pat	rick St	rect		S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	First Ef f		Middle May	Be Ll.		4. DATE OF DEATH	March		1960	Year 19
s. sex Female	White	VIDOWE		B. DATE OF BIRTH	1880		last birthdoy)	Months		UNDER 24 HR lours Min.
10a. USUAL OCCUPATION during most of world HOUSENL	ON (Give kind of work do king life, even if retired) CO	one 10b. I	None	USTRY II BIRTHPL	yland	ar foreign cau	untry)	•	S.A.	HATCOUNTRY
13. FATHER'S NAME	m Imbana	1077		14. MOTHER'S	MAIDEN N	AME Webb				
	T . Umberg R IN U. S. ARMED FORCE (If yes, gave wor or dates of ser	ES? 16 5	OCIAL SECURITY NO	informant Mrs. Mari				ress .st Pa	trick	Street
Conditions, if of gave rise to it cause (a), staling lying cause last.	mmediate the under- (c)	TIONS CO	ontributing to DEATH BL	lenette	THE TERMIN	and o	COND TION G.	VEN IN PART	(d) 19. y	WAS AUTOPS PERFORMED?
THER, NOTIFY	AS UNDERLYING [] 2 G CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESC	RIBE HOW INJURY OCCURR	ED. (Enter noture of	injury in P	ort or Port	II of item 18.)			ES NO [
Y 20c TIME OF INJUR	Y Manth, Day, Year 19	While	JURY OCCURRED 20e. P Not while of work	LACE OF INJURY (hoctory, street, office	tome, form, b dg , etc.	20f. (City o	or town)	- ((County)	(Stat
21. I certify the alive an 3	feets	decease , 19 <u>4</u> L	od fram 3-8 0, and that deat	, 19 <i>600</i> h accurred at	100A	M, fram t	he causes as	nd an the	st saw tl date st	he decease tated abov DATE SIGNI
PHYSICIAN'S NAME (Type)			mer, Jr.				h Street		deric	
REMOVAL (Specify) Burial			22c. NAME OF CEMETERY				on (City, town, erick, l		nd	(Stote)
23. FUNERAL DIRECTOR	S SIGNATURE	les	ADDRESS Frederick	Maryland	240. REC'C	BY REGISTR	AR 24b, REG	ISTRAR'S SIC	SNATURE	



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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25b. REGISTRAR'S SIGNATURE

Orthun & Traus

25a. REC'D BY REGISTRAR

0 '60

CERTIFICATE OF DEATH PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased tived If institut on Residence before admission) o. COUNTY p. STATE b. COUNTY 1 MARYLAND VIMTURE b. CITY OR TOWN (If autside corporate timits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) d NAME OF HOSPITAL (If not in haspital, give street oddress) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TA NAME OF 4. DATE Middle Lost Month Day Yeor DECEASED (Type or print) # DEATH 1960 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX 7. MARRIED NEVER MARRIED TO B. DATE OF BIRTH 9. AGE (In years lost birthdovi Manths Days Hours WIDOWED | DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Moure wirr 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address yes, give war or dates of services 18. CAUSE OF DEATH | Enter only one cause per ling-for INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY do IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO Z 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING GETSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c, TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o.m. While Nat while of wark of wark p. m. 21. I certify that (1) (this haspital) attended the deceased from. 19_60 that (1) (we) last 19.60, and that death accurred at saw the deceased alive and liance M, fram the causes and an the date stated above 22g SIGNATURE 22b. DATE SIGNED ATTENDING PHYS M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 230 BURIAL, CREMAT ON, 236, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION, (City town, ar county) (State) REMOVAL (Specify)

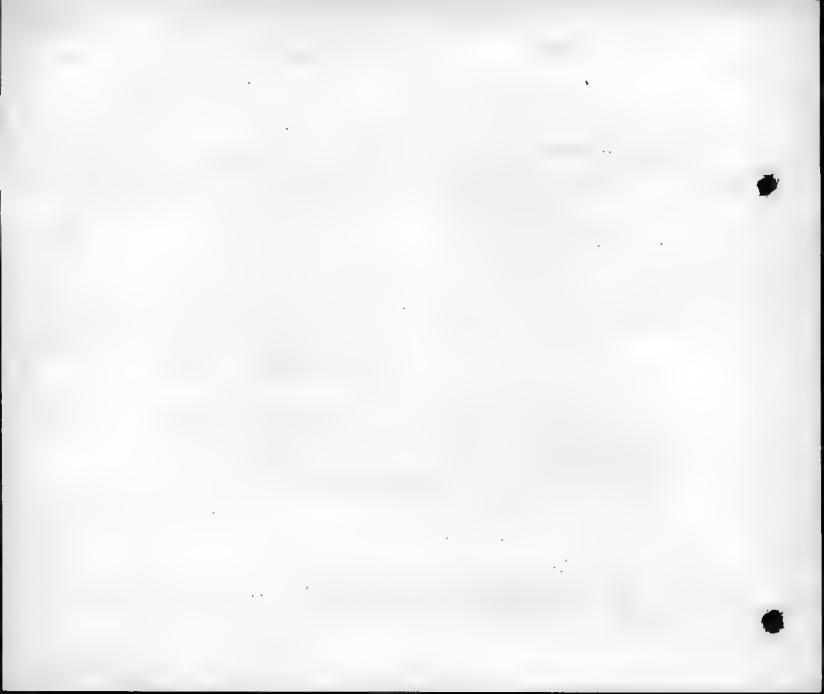
ADDRESS

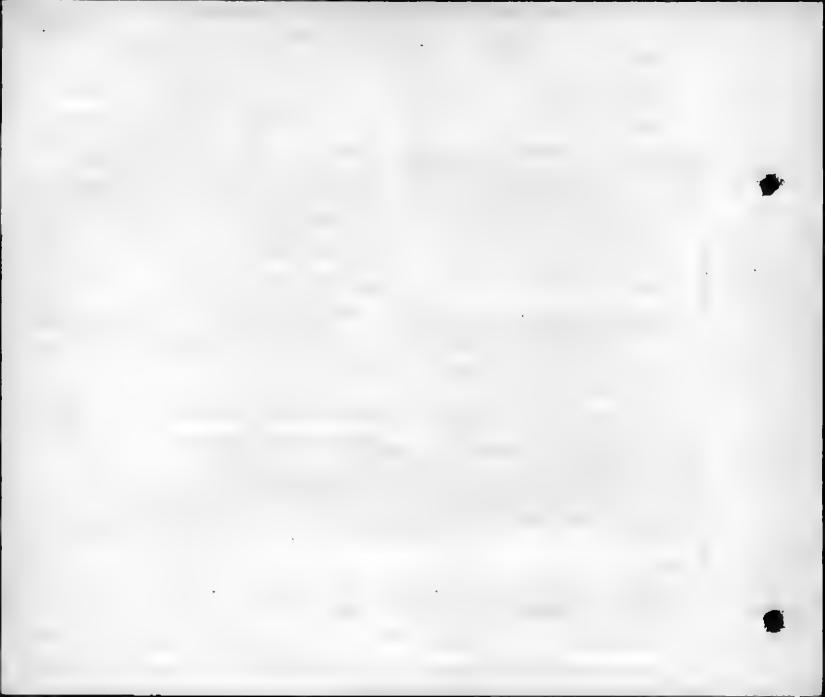
0 VR A15 (4) 15M 9/59

ERAL DIRECTOR:

P shoul

24. FUNERAL DIRECTOR'S SIGNATURE





RAL poge 0 VS A15 (4) 15M 9/SB

22a. BURIAL, CREMATION, 22b. DATE THEREOF

M. R. Etchison & Son, Frederick, Maryland

PAREMONAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) Frederick c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? Day Year 1960 March 30 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? USA Address Rev. John S. Bowlus (Same as item #2) INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (State) 196 Dithat I last saw the deceased M, fram the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city ar tawn, state) 30 March 1960 Frederick. Md. 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stale) Pleasant View Cemeterv Near Burkittsville, Maryland 240, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE

Citima & Thous



Middletown. Md

Company.

15M 9/58

DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03241

IS RESIDENCE

ON A FARM?

YES NO

Year

19

60

Rea. Dist. No.

Frederick

Months

Days

(County)

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

(State)

(State)

U. S.



M

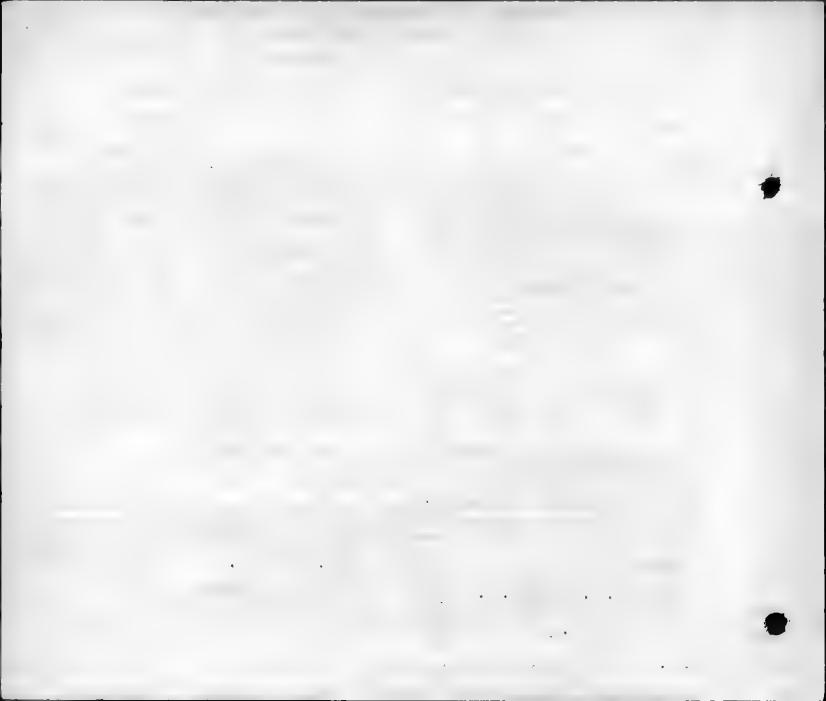
MARYLAND	STATE	DEPARTMENT	OF	HEALT	TH-BA	LTIMORE.	18

3	305	CERTIFICATE	OF	DEATH
U	ひひし	CENTILICATE	9.	

03242

l-									
1.	PLACE OF DEATH	/ /		II o STATE	DENCE (Where decease	d lived If institut		re admission	n)
-		ederick	MARYLA	/	nd		Fred	Pric	k_
1	RURAL and give n	f outside corporate fimits, we warest toyen]	e. LENGTH OF STAY IN	V ma	OWN (If outside corp	/	RURAL and give ne	arest fown}	100
-	FIFEREN	AL (If not in hospital, give st	191 days		W 2017	24501		e. IS RESID	Thursday, and the same of the
1	OR INSTITUTION	/ (If not in nospirot, give st	P 41 1.	d. STREET A	DDK£22		,	ON A F	ARM7
Ή.	Frederici	e County Ci	gronic Hospin	9/				YES 🔲	
	NAME OF DECEASED (Type or print)	/ Fint	Middle	los	OF	Mod		-	
	SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRT	774	9. AGE (In years	IF UNDER 1 YEAR		24 HDS
	Famala		OWED OVER MARKIED		183	lost pirthday)	Months Doys	Hours	Min.
100	USUAL OCCUPATION	ON (Give kind of work done)	10b. KIND OF BUSINESS OR	6/17	ACE (State or foreign of		12. CITIZEN C	F WHAT C	OUNTRY?
	during most of work Housey	king life, even if retired)	At Home	7		a.		JSA.	
13.	FATHER'S NAME			14 MOTHER'S	MAIDEN NAME	201			
4	7//:	11:0000 %	Lunt	(in	ma fo	· 131			
	. WAS DECEASED EVE	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO	17 INFORMANT	1100 000	Ade	ress		
174	es, no. or unknown)	(if yes, give wer or dates of service)	None	Ruth Cra	stord Ro	7. Freder	ich Count	to Chr	me t
	IB CAUSE OF DEA	ATH [Enter only one couse p	per line for (a), (b), and (c)	to se	A		INT	ERVAL BETV	WEEN
П	PART I DEA	TH WAS CAUSED BY:	accusous	e Coto	u			SET AND D	60.
	/53,	8 DUE TO							
	Conditions, if o								
1	gove rise to i								
	lying couse lost.) (c)							
ATION	PART II. OTI	HER SIGNIFICANT CONDITIO	INS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO	THE TERMINAL DISEAS	SE CONDITION GI	VEN IN PART 1(0)	PERFORA	MED?
		100				411 214 341		YES 🔲	NO P
CERTIFI		LS UNDERLYING 206. CAUSE OF DEATH MEDICAL EXAMINER	DESCRIBE HOW INJURY OCC	URRED (Enter noture o	f injury in Port t or Po	rl II of item 18)			
MEDICAL	20c. TIME OF INJUR			De. PLACE OF INJURY (foctory, street, office	Home, form, 20f. (Cit	y or lown)	(County)		(Stote)
MED	p. m.		/hile Not while work of work	Toursey, arreary arrive	(21)				
	21. I certify th	nat I attended the dec	eased fram HAL	ر 19 ا	, to Mac	29 1960	2.,that I last s	aw the d	eceased
	alive on	3/19	1260, and that d	eath accurred at					
		1/1/1/				Street, city or town,			E SIGNED
	SIGNATURE	115/66	'LLL	M.D. 7 Na	Market St	•	M IE	arch .	TA00
	PHYSICIAN'S NAME (Type)	. F. Kline, M	I. D.	Fred	erick, Mar	yland			
22		ON, 22b. DATE THEREOF	22L NAME OF CEMET	ERY OR CREMATORY	22d. LOCA	TION (City, town,		(Stote)	
	Burial (Specify)	Apr.4,1960	Mount Oli	vet Cemete	ry Free	derick,	May	ryland	1
23.	FUNERAL DIRECTOR		ADDRESS		24a. REC'D BY REGIS	TRAR 245. REG	ISTRAR'S SIGNATU	RE	
1 N	A. R. Etch	ison & Son. F	rederick. Mart	land	DATE APR 5	'60 (arthur S. Ka	acid.	

VS A15 (4) 15M 9/55



ATTEMBING PHYSICIMN: The low requires that the Death certificate Lie execu≡d within 2ª hours ofter death

retoined by the hospitol or ottending physicion.

RAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely

TO P

VS A1S (4) 1SM 9/SB

page 3 should be detached for use as the burial-transit permit. Then please remove the registror prior to burial, cremation, or removal, and in any event within 72 haure-

Then please remove corbon popers.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3270

CERTIFICATE OF DEATH

0	3	2	4	3

U	ป	Z	4	2

ariling & Harris

					Keg. Dist. No.
PLACE OF DEAT O. COUNTY	н Frederick	MARYLAND	CTATE	here deceased lived. If instituting b. COUNTY	ion: Residence before admission) Frederick
b. CITY OR TOVE RURAL and gi Frederi	VN (If outside corporate limits, wr we nearest town) .C K	c. LENGTH OF STAY IN 1b	I i	outside corporate limits, write file	RURAL and give nearest town)
OR INSTITUT	OSPITAL (If not in hospital give stood Avenue	reet oddress)	d. STREET ADDRESS	Fifth Street	o is residence on a farma yes \(\) no \(\)
3. NAME OF DECEASED (Type or print)	JOHN	Middle WILLIAM	BRUCHEY, S	4. DATE MOR	
s. sex Male		MARRIED NEVER MARRIED DIVORCED DIVORCED	February 8,	1898 9. AGE (In years 52 birthdoy) yrs.	Months Days Hours Min.
10a. USUAL OCCUI during most of Brushina	working life, even if retired)	10b. KIND OF BUSINESS OR INDU Brush Co.		or foreign country)	12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME			14 MOTHER'S MAIDEN		7
Cha	rles W. Bruchey	•	Fannie	Alnsworth	
15. WAS DECEASED (Yes, no. or visinown) NO	EVER IN U. S. ARMED FORCES? (If yes, gave wor or dates of service)		rs. Helen M. F	482 West	South Street, , Maryland
	DEATH [Enter only one couse potential was CAUSED BY IMMEDIATE CAUSE (o)	er line for (0), (b), and (c).]	thront	tris	INTERVAL BETWEEN ONSET AND DEATH
gove rise I	if ony, which (b) (b) DUE TO ost.	Centraliza	d artin	u-scleri	Jes 5yar
PART II.		NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	VEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
	T WAS UNDERLYING 206. TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in	Port I or Port II of item 18)	
ZOc. TIME OF IN Hour o.	m. W	od. INJURY OCCURRED 20e PL hile Not while work of work	ACE OF INJURY (Home, form ctory, street, office bldg, etc) 20f. (City or town)	(County) (Stote
21. I certify alive an2	y that I attended the dec		1948 ta accurred at 11:30	ADDRESS (Street, city or town,	Othat I last saw the decease and an the date stated above
ACTUAL SIGNATURE	13.6.1 Cu	mas fr	M.D Profession	nal Building	3/15/60
PHYSICIAN'S NAME (Type)	B. O. Thomas,	Jr., M.D.	Frederick	, Maryland	
220 BURIAL, CREM PREMOVAL (Spe	ATION, 226. DATE THEREOF Mar.16,1960	22c. NAME OF CEMETERY O Mount Olivet		22d. LOCATION (City. town, Frederick	
23. FUNERAL DIREC		ADDRESS			ISTRAR'S SIGNATURE
M. R. F	Etchison & Son,	Frederick, Maryl	Land DATE	MAR 1 8 '60	Clathia & House

DATE





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3271 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STA	ATE			3447	DICH	E EVAINIE	ALIC D	CLRIIII		PLAIII	Reg. Dist. No		
HEALTH D	EET.		LACE OF DEATH	derick			2 USUAL RESIDENCE (Where deceased lived it institution: Residence before admission) o. STATE Manage and b. COUNTY Throughout old						
ory, please that. Page our files.	THE PROPERTY OF THE PROPERTY O	b	b CITY OR TOWN 11 outs de corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Frederick C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Frederick										
is necess ral directed for year	117	d	NAME OF HOSPITAL			Hospital	/ STREET ADDRESS 508 Elm Straet			e IS RESIDENCE ON A FARM? YES NO TO			
delay re fune stain stain		3. NAME OF DECEASED (Type or print)		Richard Fin		Clare Middle		Lost	4 DATE OF DEAT		Day 12	Yeor 19 60	
d 3 to 11 may b may b curs ofte		s. sex Male		6. COLOR OR RACE	7. MARRIED T NEVER MARRIED [WIDOWED DIVORCED			June 12, 1890		9. AGE (In years loss beribday) 69 yes.	Months Days	IF UNDER 24 HRS. Hours Min.	
Page 5 Page 5 and 2 in 72 h	2.	100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INIdering most of working file, even if refired) Techanical Design Engineer					R INDUSTR		(Stote or foreign, Tlli		12 CITIZEN OF WHAT COUNTRY?		
Poges PA3. PA3.		13.	FATHER'S NAME Franklin	Cox	Cox				Jenny Hughie				
Give Give life form			. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No No No O97—III—2715 Ifrs. Lartha Cox (Viife) 508 Elm Street										
auld be exacated with in pencil in them 18, iner's Office along w a burial-transit permit, or remaval, and in			18. CAUSE OF DEATH PART I. DEATH 14-4-3 Conditions, if ony gove rise to immedi (c), storing the uncouse fost.	was Caused By amediate Cause (o) DUE TO which (b)	Car	or (0), (b), ord (c).] Crebell pestin		Hart	- /		I INTERNATIONS Z	ynst.	
certificate shading and a pending Aedical Examinates as a disconding as a differential be used as al, cremation		CERTIFICATION	PART II, OTHE 200. EXTERNAL CAUS PRIMARY [] or CONT CAUSE OF DEATH.	R SIGNIFICANT CON		HOW INJURY OCC				*		PERFORMED?	
INER: This ng the wa he Chief A ge 3 should iar to bari		MEDICAL C	20c. TIME OF INJURY Hour e.m. p.m.	Month, Day, Yes	While of wo	rk 🔲 of work 🔝	facto	E OF INJURY (Home ry, street, office bldg	g , etc.)	ely or lown)	(County)	(State)	
ate, writing of the state of th			21. I certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner										
uty MEDICA to the certificated be forward ERAL DIREC designated of	?.		ACTUAL SIGNATURE EXAMINER'S NAME (Type) DT	B. O. Th	omas.	Sr.		_M D.	CAL EXAMINER MEDICAL EXAMI	NER [March	12, 1960	
10 0 4 T		220. BURIAL CREMATION 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 3-15-60 Mt. Olivet Cemetery Frederick, Maryland 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REC'D BY REGISTRAR'S SIGNATURE											
SM 2/57	0	6	John E.	Himay	41.	Frederic	k, Ma	ryland DA	TE MAR 1 6	'60 C	Wilmy S. the	ще	



Rea. Dist. No.

the funeral director, should be filed with

attending

within 24 hours after death

DECEASED

(Type or print)

	3307	CERTIFICA	ATE OF DEATI
PLACE OF DEATH	Frederick	MARYLAND	2. USUAL RESIDENCE (W
L CITY OF TOWN	(16 autolida anganganta timita angita	- ICANOTH OF CTAN IN ST	CITY OF TO: 101 115

here deceased lived. If institution: Residence before admission! b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RLIRAL and give negrest town)

9. AGE [In years

d. NAME OF HOSPITAL (If not in hospital, give street oddress) Middle

OF DEATH

YES NO 10 60

IF UNDER 1 YEAR IF UNDER 24 HRS

ON A FARM?

		-
5. SEX	6. COLOR OR RACE	7. MARRIED
M	V	WIDOWED 🔲

RURAL and give nearest town?

RRIED NEVER MARRIED 8. DATE DIVORCED IV

100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

lost bythday) Months

Days 12 CITIZEN OF WHAT COUNTRY?

	during most of working life, even	if retired)
ı	10 CATHED'S MIAME	

16. SOCIAL SECURITY NO.

15. WAS DECEASED EN	VER I	IN Ú	įξ.	ARMED	FORCES?
(Yes, no, or unknown)	[11]	yes, s	grap m	ran or date	n of service)
mo					

CAUSE OF DEATH [Enter only one couse pentine for (o), (b) and (c).]

ONSET AND DEATH

		IPV	MEDIA	IE	CAUSI	: fo
10	3	×			DUE	то
Conditions.	if	ORV.	which	ì		

gove rise to immediate DUE TO couse (a), stating the underlying couse lost.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES 🔲 NO 🎮

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port II or Port III of item 18)

DATE SIGNED

20c. TIME OF INJURY Month,

Doy, Year

20d. INJURY OCCURRED While Not while of work of work 20e PLACE OF INJURY IHome, form, 20f. (City or fown) factory, street, office bldg . etc.)

(County) (State)

p. m 21. I certify that I attended the deceased from

that I last saw the deceased AM, from the causes and an the date stated above.

ACTUAL SIGNATURE

alive an

PHYSICIAN'S NAME |Type)

220. BURIAL CREMATION, REMOVAL (Specify) Tuisf.

Hour o. m.

22b. DATE THEREOF

22c. NAME OF SEMETERY OR CREMATORY Anatomy, U. of Md.

___, and that death accurred at

22d LOCATION (City, town, or county) Baltimore, Laryland

ADDRESS (Street, city or town, state)

246 REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR

23. FUNERAL DIRECTOR'S SIGNATURE

VS A15 (4) 15M 10/57



1)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) · Virginia c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Front Royal d. STREET ADDRESS e. IS RESIDENCE YES NO TO 4. DATE Month Year OF DEATH March 19 60 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours 12. CITIZEN OF WHAT COUNTRY? West Virginia U.S.A. 14 MOTHER'S MAIDEN NAME Julia Etta McQuain Mversville Md Mrs W.R.Falkenstein. INTERVAL BÉTWEEN ONSET AND DEATH arterio Sclerosia PERFORMED? YES NO P 20e PLACE OF INJURY (Home, form, 20f (City or town) (Stote) (County) factory, street, office bldg, etc.) 1960, to Mar 23 ... 1960 that I last saw the deceased _M, from the causes and an the date stated above. ADDRESS (Street, city or lown, state) Middletown 22d LOCATION (City, town, or county) (Stole) Rock Oak. Hardy Co 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE **DATE MAR 2 8 '60** arthur & Kraus



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03249 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. **TEALTH DEPT.** PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution Residence before odmission) o. COUNTY Page DER MARYLAND files. b CITY OR TOWN (If autside corporate limits, write RURAL c. LENGTH OF STAY IN 1b OR TOWN (If outside corporate limits, write RURAL and give nearest town) M your ö ور d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) STREET ADDRESS IS RESIDENCE Boar lained NIONVILLE YES NO 10 NAME OF First Middle 4. DATE Month Year DECEASED (Type or print) DEATH MAROH 19 60 0 5. SEX 7. MARRIED LANEVER MARRIED 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Hours WIDOWED [DIVORCED [USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? D during most of working life, even if ratired) form PM3. pages 18. FATHER'S NAME 14. MOTHER'S MAIDEN NAME KINOWN form File 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO AIRY R 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN CINSEE AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate couse **DUE TO** (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS esed PERFORMED? NO F 200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Fort 1 or Fart II of item 18.) PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) factory, street, office bldg., etc.) While Not while 0. m. of work of work p. m. 21. 1 certify that I took charge of the remains described above, held an Autopsy ... Inspection . Inquiry . and in my DIRECTOR: apinian death resulted fram: Natural causes . Accident . Suicide . Homicide . Undetermined monner DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** MAR, 5-1960 20 8 DEPUTY MEDICAL EXAMINER I NAME (Type) BUR AL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION [City, town, or county] (Stote) REMOVAL (Specify) 9 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15ME 5AL 2/57 DATEMAR



CERTIFICATE OF DEATH

		U. O. S.		10/11	OI DEATH				
)		PLACE OF DEATH COUNTY Frederick	MAR	rland 2	USUAL RESIDENCE (When		COUNTY -	idence before admiss	ion)
	Ŀ	CITY OR TOWN (If outside corporate limit		IN 1b	c CITY OR TOWN (If our	tside corporate fimi	s, write RURAL o	and give nearest town)
		Frederick Cale H	losi. 2 Weeks		Rural-	Lovettsv	ille	* .	
9	(or UNSTITUTION OF HOSPITAL (If not in hospital, go or UNSTITUTION Frederick Mem. H	lospital		d. STREET ADDRESS			e is res On A YES (X	FARM?
ſ	(3. NAME OF DECEASED (Type or print) S SEX 16 COLOR OR RACE 7 MARRIED TO 8 DATE OF BIRTH 1. DATE OF DEATH MUYCH S SEX 16 COLOR OR RACE 7 MARRIED TO 8 DATE OF BIRTH 1. DATE OF DEATH MUYCH S SEX 16 COLOR OR RACE 7 MARRIED TO 8 DATE OF BIRTH 1. DATE OF DEATH MUYCH S SEX 16 COLOR OR RACE 7 MARRIED TO 8 DATE OF BIRTH 1. DATE OF DEATH MUYCH S SEX 16 COLOR OR RACE 7 MARRIED TO 8 DATE OF BIRTH 1. DATE OF DEATH MUYCH S SEX 16 COLOR OR RACE 7 MARRIED TO 8 DATE OF BIRTH 1. DATE OF DEATH MUYCH S SEX 16 COLOR OR RACE 7 MARRIED TO 8 DATE OF BIRTH 1. DATE OF DEATH MUYCH S SEX 16 COLOR OR RACE 7 MARRIED TO 8 DATE OF BIRTH 1. DATE OF DEATH MUYCH S SEX 16 COLOR OR RACE 7 MARRIED TO 8 DATE OF BIRTH 1. DATE OF DEATH MUYCH S SEX 16 COLOR OR RACE 7 MARRIED TO 8 DATE OF BIRTH 1. DATE OF DEATH MUYCH S SEX 16 COLOR OR RACE 7 MARRIED TO 8 DATE OF BIRTH 1. DATE OF DEATH MUYCH S SEX 16 COLOR OR RACE 7 MARRIED TO 8 DATE OF BIRTH 1. DATE OF DEATH MUYCH S SEX 16 COLOR OR RACE 7 MARRIED TO 8 DATE OF BIRTH 1. DATE OF DEATH MUYCH S SEX 16 COLOR OR RACE 7 MARRIED TO 8 DATE OF BIRTH 1. DATE OF DEATH MUYCH S SEX 16 COLOR OR RACE 7 MARRIED TO 8 DATE OF BIRTH 1. DATE OF DEATH MUYCH S SEX 16 COLOR OR RACE 7 MARRIED TO 8 DATE OF BIRTH 1. DATE OF DEATH MUYCH S S S S S S S S S S S S S S S S S S S							
		FW	WIDOWED DIVORCE	D 🔲	February 23	1878 "8	yrs Mon	ths Days Hours	Min
	10a	USJAL OCCUPATION (Give kind of work during most of working life, even if retired HOUSE—WILE	done 10b KIND OF BUSINESS C	OR INDUSTRY	11 BIRTHPLACE (State of Virgin)		12	CITIZEN OF WHAT C	OUNTRY?
\	13.	FATHER'S NAME		1	4. MOTHER'S MAIDEN NA	AME			
)	Unknown			Unknown				
)	1S ,Y#5	WAS DECEASED EVER IN U. S. ARMED FOR [If yes, give war or dates of s	RCES? 16. SOCIAL SECURITY NO NOME		rmant rge Fawley,	Lovettsvi	Address lle, Vi	rginia	
		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Corchael thrombons with infavition of							DEATH
	tog .	Conditions, if any, which gove rise to immediate cause (a), stating the <u>under-lying cause lost.</u>	34d, n	~~	10 yr	2- t-			
4	FICATION	Part II OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TERMIN	M DISEASE COND	ITION GIVEN IN		AUTOPSY RMED? NO [2]
	CERT FI	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY O	OCCURRED (I	inter nature of injury in Pa	art I or Port II of ite	em 18.)		
	MEDICA	20c. TIME OF INJURY Month, Day, Ye Hour o.m. p. m. 19	White Not white at wark at at a	20e PLACE factory	OF INJURY (Home, form, street, office bldg , etc.)	20f (City or town)	(County)	(Stote)
		21 I certify that (I) (this haspital	i) gitended the deceased	fram	1/28 196	0, 10 3	14 1	9.60, that (1) (we) last
		saw the deceased alive an 🛂	114 1960, and	I that dea	th accurred at 4P1	M, fram the co	iuses and an	the date stated	abave.
		220 S GNATURE	Chase	M D	ATTENDINGMED		F	3/14	S GNED
		220 PHYSICIAN'S NAME (Type) HERRY	V. Chase		4 E. Chu	rch St	Frede	rickl	4/
	23a	BURIAL, CREMATION, 236 DATE THEREC	OF 23c. NAME OF CEM			23d LOCATION (C	ty, lawn, or cou	nty) (Stat	e)
		Burial 3-10-00	0117011	Cemet				Virginia	
	24	FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & So	ADDRESS	(anarl a			256 REGISTRÁR		
		me it nocurrous & oc	WIS LIGGEL TOKS N	TOT ATGI	TOL DATE MA	VR 1 8 '60	Claffen	a & Harris	

is by the funeral director, and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death Page 4

many terbained by the haspital or attending physician.

D.F. KAL DIRECTOR: After this certificate has been signed by the attending physician and completely page 3 should be detached for use as the buriol-transit permit. Then please remaye carbon papers. Pages the State Baard of Health priar to burial, cremation, or remayal, and in any event, within 72 hours after death. TO F VR A15 (4) ISM 9/S9



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CERTIFICATE OF DEATH

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o. COUNTY o. STATE Maryland b. COUNTY Frederick Frederick MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Since 3-18-60 Knoxville-Rural RD#1 IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS or ASSISTATION
Frederick Memorial Hospital ON A FARM? St. Mark's YES NO IA NAME OF 4. DATE Middle Month Year DECEASED DEATH (Type or print) 7. MARRIED NEVER MARRIED X 8 DATE OF BIRTH 9. AGE/In years IF UNDER 1 YEAR IF UNDER 24 HRS COLOR OR RACE SEX Manths 6 June 1883 White Female DIVORCED [WIDOWED | 10a USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) At Home USA Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME James C. Ferrell Laura Delauter IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no or unknown) Miss Ethel Ferrell (Same as item #2) None 1B. CAUSE OF DEATH [Enter only one cause per line for [8], (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: de IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while ot work at work p. m. narch 22 1960, that (1) (we) lost 21. I certify that (1) (this haspital) attended the deceased fram Narch 1 126610 Narch 22-1960, and that death accurred at/ M, from the causes and an the date stated above saw the deceased alive an 22a, SIGNATURE 226 DATE SIGNED ATTENDING PHYS. DIRECTOR [PHYS M.D. 22c. PHYSICIAN'S 22d. ADDRESS A. Pearre, M. D. 23d. LOCATION (City, town, or county) 230 BUR AL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY HILT TAT (Specify) Jefferson, Maryland 3-26-60 Reformed Cemetery 25h REGISTRAR'S SIGNATURE 24, FUNERAL DIRECTOR'S SIGNATURE 25a REC'D BY REGISTRAR M. R. Etchison & Son, Frederick, Maryland DATE MAR 2 4 '60

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DIRECTOR:

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CERTIFICATE OF DEATH

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		32	A AV	CERTI	107	1E 01 B		<u> </u>		Reg. Dist. N	0.	
	1. PLACE OF DEATH a COUNTY	Freder	ick	MARYLA	IND	a. STATE	ence (wh	ere deceased and	lived. If institution b. COUNTY	Freder	iose odmis ICK	sian)
	b. CITY OR TOWN RURAL and give			c. LENGTH OF STAY IN	l 16	Bruns		•	ate limits, write R	URAL and give r	earest taw	n}*
		PITAL (If not in haspital, g	ive street ac			d. STREET A		"B"				SIDENCE A FARM?
		23 West	B			62 VI	/est	D				
	3. NAME OF DECEASED (Type or print)	Clarence	:0	Hamilton		oster		4. DATE OF DEATH	3 ^{Man}	th 23 ^t	Jay	Year 60
	s. sex Male	6. COLOR OR RACE White	7. MARRIE	D NEVER MARRIED DIVORCED		1-7-18	99		9. AGE (In years last gerthday) yrs.	Manths Days		Min,
	during mast of v	ATION (Give kind of work of carking life, even if retired) Conductor		ND OF BUSINESS OR			ACE (State		untry}	12. CITIZEN	OF WHAT	COUNTRY?
	Retired 13. FATHER'S NAME	Congactor		. C. U . II . II .	.00	14. MOTHER'S						
	13. FAITIER 3 INAME	Charles	Fost	er		14. MOTHER 3	WAIDEN IN		ie Mews	haw		
٦	6. WAS DECEASED	EVER IN U. S. ARMED FOR	20 0 00 0	OCIAL SECURITY NO.	INF	ORMANT			Addr			
	No. no, or unknown)	[If yes, give war ar dates of sa	ervice)				Le V.	Fost	er,Brun		Md.	
-	18 CAUSE OF I	XEATH [Enter only one co	use per line	for (o), (b), and (c)]						II.	ITERVAL BI	ETWEEN
	PART I. C	EATH WAS CAUSED BY:	Cor	Pulmonal	0					0	NSET AND	D DEATH
	1/30	MMEDIATE CAUSE (e) Cor Pulmonale 21 hrs. 14 25 / DUE TO Decompensated Congestive Heart Failure 1 yr.										
	47.70		Deci	mpensave	u u	0118620	II.v.	athan		2		
	Conditions, it	immediate	Ha E	ht Post-P	neu	HOHTA	HAGT	0 61101	aA		- 1677 5	7 8
	cause (a), stati		//	onary Ins	1155	iniona	Y.F.				yr	" 1
	lying couse to									-		
)	OTTO PART II C	OTHER SIGNIFICANT CON	DITIONS <u>CC</u>	NTRIBUTING TO DEAT	H BUT N	OT RELATED TO	THETERMI	NAL DISEASE	CONDITION GIV	'EN IN PART 1(o)	PERFO	DRMED?
	■ FOR CONTRIBUTION	WAS UNDERLYING AND CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY OCC	URRED.	(Enter noture al	Finjury in F	Port I ar Part	II of item 18.)			
	20c. TIME OF IN.	10	While	URY OCCURRED 20 Nat white of work		E OF INJURY (I			or town)	(Count	у)	(State)
					20	dr	7 . III.	rob C	23 60	1		
	9.0	that I attended the	decease									
	alive an 110	rch 23,	2,19/0	and that d	leath o	accurred at_			the causes an			
									reet, city or lown,	,	DA	TE SIGNED
	SIGNATURE Z				M	D. 15	S. F	iaryla	and Ave	•		
	PHYSICIAN'S NAME (Type)	C. M. Byro	n Ka	o, M. D.		Bru	nswi	.ck, 1	ſd.			
	22a, BURIAL, CREMA	TION, 225. DATE THEREO	F	22c. NAME OF CEMETE	ERY OR	CREMATORY			ION (City, town,		(Sto	
	Burial	(1) 3-26-1		Union				Love	ttsvill	o, Virg	inia	
	23. FUNERAL DIRECT	OR'S SIGNATURE		ADDRESS			24a. REC'I	D BY REGISTI	RAR 24b. REGIS	STRAR'S SIGNAT	URE	
	13. Ku 7	set Bru	nswi	k, Maryla	nd		DATEMA	R 2 8 '60	(1.)	hun & fr		
							L				444	

illed in by the funeral director, ies I and 2 should be filted with requires that the death certificate be executed within 24 haurs offer death. Page 4

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UNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample page 3 shauld be detached for use as the build-transit permit. Then please remove carbon pagers, the registrar prior to buriol, cremation, or removal, and in any event within 72 hours after death. p be relained by the hospital or ottending physician.

HOSPITAL OR ATTENDING PHYSICIAN: The law

VS A15 (4) 15M 9/5B

and



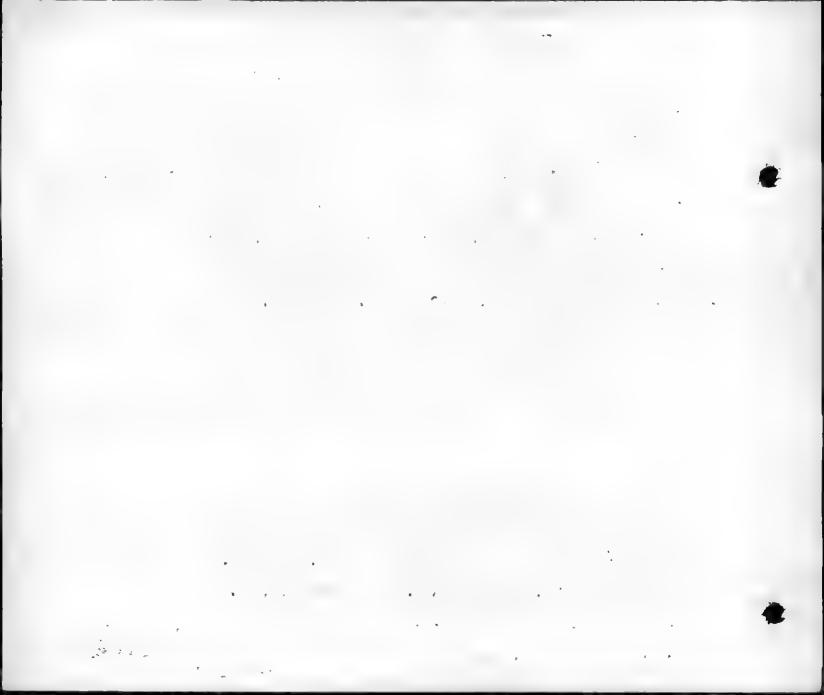
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. Page 4	retained by the hospital ar attending physician. TO FE. XAL DIRECTOR: After this certificate has been signed by the attending physician and campletely in by the funeral director,	page 3 shauld be detoched for use as the burial-transit permit. Then please remaye corban papers. Pages 1 and 2 should be filed with 🕥	the registrar priar ta bunal, cremation, ar removal, and in any event within 72 haurs after death.		1
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VS A15 (4) 15M 9/5B

		3277	CERTIFIC	ATE OF DEAT	<u> </u>	Reg. Dist	t. No.
1	PLACE OF DEATH	erick	MARYLAND	2 USUAL RESIDENCE (W			e before odmission) erick
	RURAL and give ne	f autside corporate timits, writ arest lawn)	Life-Time	c. CITY OR TOWN (IF	outside carporate limits	, write RURAL and gi	ive nearest town)
		AL (If not in hospital, give str. Market Street		/d. STREET ADDRESS 243 South 1	Market Stre	et	e, IS RESIDENCE ON A FARM? YES NO.
	NAME OF DECEASED (Type or print)	first WILLIAM	Middle STEINER	GOSNELL	4. DATE OF DEATH	Month March 2	Day Year 19 60
5. :	Male	7077 4 4	ARRIED NEVER MARRIED DWED DIVORCED	B. DATE OF BIRTH	9. AGE (lost b) 78	addition to the	TYEAR IF UNDER 24 HRS Days Haurs Min
	during most of work	N (Give kind of work done 1 ing life, even if retired) Dination Man	ob KIND OF BUSINESS OR INDI Telephone Compa		e or foreign country) ck, Marylan		EN OF WHAT COUNTRY
13.	Stewart G	osnell		14 MOTHER'S MAIDEN Catherine			
15 (Ye		R IN U. S. ARMED FORCES? If yes, gave war or dates of service]	16 SOCIAL SECURITY NO 212-05-0806 M	rs. Margaret 1	O. Gosnell	(Same as	item #1)
	PART I. DEA 334 Canditions, if ar gove rise to in couse (a), stoting to lying couse last.	the <u>under-</u> DUE TO (c)	Cerebral anter	risclemais			INTERVAL BETWEEN ONSET AND DEATH
TIFICATION	20g ACCIDENT WA	S LINDERLYING TO T206 I	NS CONTRIBUTING TO DEATH BUDGESCRIBE HOW INJURY OCCURR				PERFORMED? YES NO
MEDICAL CERTIFICATION	(IF EITHER, NOTIFY 20c. TIME OF INJURY Hour a m p. m.	W		PLACE OF INJURY (Home, for actory, street, office bldg , el		(C	aunty) (State
	actual signature	at I attended the dece 3/28 1 Lihurd C ichard C. Reyn	Respublis,	h accurred at 9:38. M.D. 9 E. Chur Frederic	M, from the cau ADDRESS (Street, city rch St.	uses and an the	of saw the decease date stated above DATE SIGNE March 1960
	BUR AL, CREMATIO REMOVAL (Specify)	N. 226. DATE THEREOF 3-31-60	Mount Olive		22d. LOCATION (City Frederic		(Stole)
23.	M. R. Etc.		ADDRESS rederick, Mary		APR 1 '60	46. REGISTRAR'S SIG	1. 1.

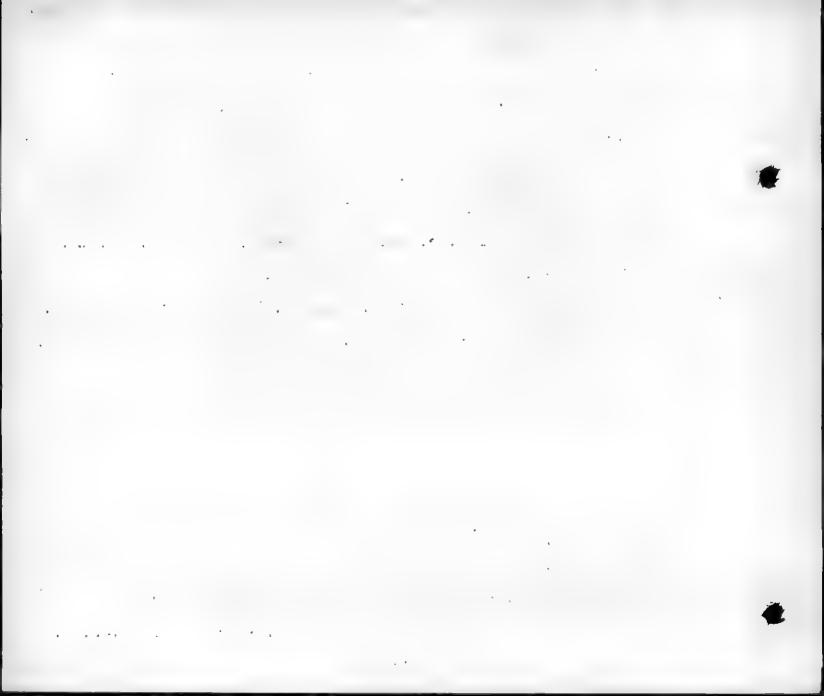


VS A15 (4) 15M 9/■

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03255

	3310	CERTIFICA	ATE OF DEATH		Reg. Dis	t. No.
1. PLACE OF BEATH o. COUNTY Frederic	k	MARYLAND	2. USUAL RESIDENCE (Whe		If institution: Residence Frederick	
b. CITY OR TOWN (If outside corporate RURAL and give nearest town)	rote limits, write	E. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limi		ive nearest town)
d. NAME OF HOSPITAL (If not in hos in hos in hos in hos in hospital). Route # 1			/d. STREET ADDRESS Route			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First BENJAMIN	Middle SAMEUL	GOUKER	4. DATE OF DEATH	March 3	Day Year L. 196 0 9
5. SEX 6. COLOR C	te WIDOWED		8. DATE OF BIRTH July 3, 188	4 75	birthdoy) Months	TYEAR IF UNDER 24 HRS Doys Hours Min.
10a. USUAL OCCUPATION (Give kind during most of working life, even Road Laborer	of wark done 10b. KI if retired)	nd of Business or Indu ed .Co .Road	Dept Fred	erick C		I S A
	Gouker		Annie E.			
15. WAS DECEASED EVER IN U. S. ARI (Yes, no. or unknown) (If yes, give work NO)	and the section of the section of		r. Elmer B	Gouker,	Address Myersvil	le. Md.
18. CAUSE OF DEATH [Enter on PART I. DEATH WAS CAU IMMEDIATE I IMM	SED 8Y: CAUSE (o)	Arterioscl	erotic Hear		se	INTERVAL BETWEEN ONSET AND DEATH
CATIO			NOT RELATED TO THE TERMIN			1(o) 19. WAS AUTOPSY PERFORMED? YES NO:
	G 🗍 20b. DESCR DEATH MINER)	ISE HOW INJURY OCCURRE	D. (Enter noture of injury in Pa	ort I or Port II of it	em 18.)	
Y 20c TIME OF INJURY Month, I Hour o.m.	While	Not while fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town	n) (C	ounty) (State)
21. I certify that I attend alive on 3/20.	ed the deceased	and that death	n accurred at 1:40	7] A, from the co	ouses and an the	st saw the deceased date stated abave. DATE SIGNED
PHYSICIAN'S NAME (Type) Charl				yhsburg		
220. BURIAL, CREMATION, 226 DATE REMOYAL (Specify) April	,2,1960	Grossnick	le's Nr	Myersvi	ity, town, or county) 11e Fred	(Store)
23. FUNERAL DIRECTOR'S SIGNATURE Paul F.	Bittle,	ADDRESS Myersville			24b. REGISTRAR'S SIG	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A1S (4) 1SM 9/SB

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMO	RE, 18
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3311 CERTIFICATE OF DEATH

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8 (3257 Reg. Dist. No.

	g. COUNTY	2. USUAL RESIDENCE (Where deceased fived If institution. Residence before admission)												
L	Frederick MARYLAND					o state Maryland b. COUNTY Frederick								
	b. CITY OR TOWN (II RURAL and give ne	c LENGTH OF STAY IN I	16	c. CITY OR TO	OWN (If a	utside corpo	prate limits, write R	URAL and give	nearest to	wn)				
1	Rural Ladiesburg			21 years		\times 1	Rural	Ladi	esburg					
, [d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION					d. STREET ADDRESS e. IS RESIDENCE ON A FARM?								
							YES NO							
	3. NAME OF DECEASED	Fii		Middle		Last		4 DATE OF	Mar	th	Day	Year		
	(Type or print)	Vert		anna Ma y y		Hahn		DEATH	Marc		9	19 60		
1	S SEX	6 COLOR OR RACE	7. MARE	THE PARTY OF THE P		. DATE OF BIRTH			9 AGE (In years last birthday)	Manths Do				
	Female	White	WIDOWI			December			78 yrs.	771011113	ys Hool	3 mill		
Y	10a USUAL OCCUPATION during most of work	N (Give kind of work ing life, even if retired	dane 10b	KIND OF BUSINESS OR IN	ADUS.	TRY 11 BIRTHPLA	CE (State o	or fareign c	ountry)			COUNTRY?		
1	Housewife			Own Home	Maryland				J.S.A:					
	13 FATHER'S NAME					14 MOTHER'S	MAIDEN N	AME						
1	Al	bert Shoem	aker			Amanda Eyler								
	15. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	IN	FORMANT			Add	ress				
-1	No			13-01-3184B	Mi	r. Charle	es F.	Hahn	,_Ladies	ourg, M	d.			
ı	18. CAUSE OF DEA	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]												
1	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) LTV-TT GERLUSIAN ONSET AND DEATH ONSET AND DEATH													
1	420. 1 DUE TO													
1	Conditions, if any, which) (b) Cultures Deller val)													
-1	gave rise to immediate cause (a), stating the under-													
lying cause last. (c)														
3	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?													
1	PART II OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY											□ ON □		
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH													
		20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY IHame farm, 20f (City or tawn) (Caunty) (State)												
	Haur a.m. White Nat while factory, street, office bldg, etc.) p. m. 19 of wark of wark													
	21. I certify that I attended the deceased from 2 - 16, 1966, ta 3 - 7 - 1969that I last saw the deceased													
-1	alive an													
1	ADDRESS (Street, city for Town, state) DATE SIGNED													
-1	ACTUAL	SIGNATURE OLINIAGA MD Illus De Brei on Me 3-11-60												
1			1	1/2		1000	/	1	77	U		7-6		
ı	PHYSICIAN'S NAME (Type)	1, 1		E 67 67			lex	and.	12	222 Cy	د مین	mac		
ſ	220 BUR AL, CREMATIO	N. 225. DATE THEREC)F	22c. NAME OF CEMETER	Y OR	CREMATORY		22d. LOCA	TION (City, town,	ar caunty)	{S	late)		
	REMOVAL (Specify) Burial	Mar. 12	, 196	O Haugh's C	hu	rch Ceme	tery	Ladi	esburg,	Frederi	ck, M	laryland		
	23. FUNERAL DIRECTOR	and Co	ss)	ADDRESS			24a. REC'0	BY REGIS	TRAR 24b. REGI	STRAR'S SIGN	ATURE			
	C.O. Fus	& Son, T	aney	town, Md.			DATE NE	n 1 4	60 a	athur S. F	isalla			



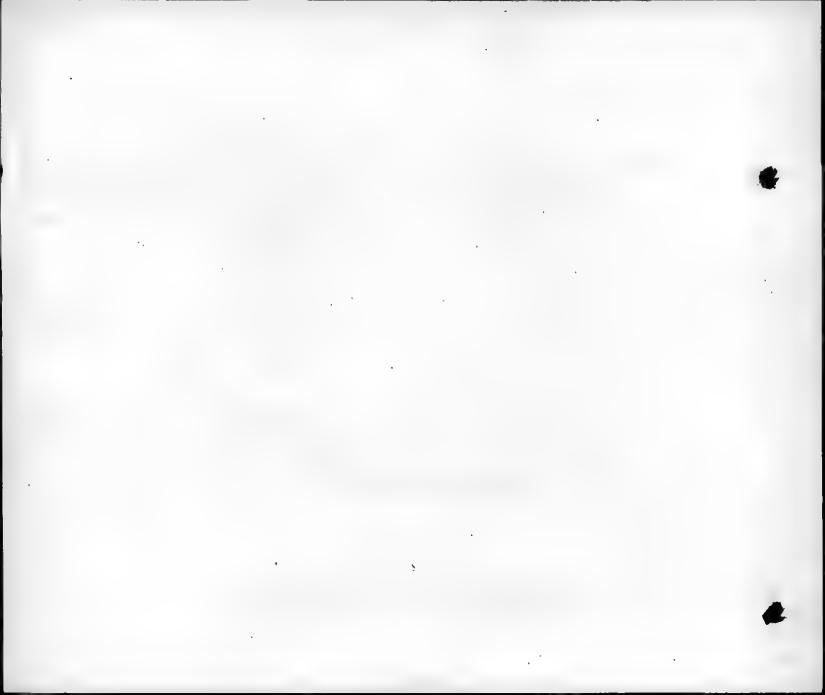
03258

CERTIFICATE OF DEATH

	331%	CERTIFICA	ATE OF DEATE	1	Reg	g. Dist. No.						
	PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (W) o. STATE		b. COUNTY 🔔	ederi						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Widdletown											
	d. NAME OF HOSPITAL (If not in haspital, give street at OR INSTITUTION		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO						
-	NAME OF First DECEASED (Type or print) EIVa	Middle Mae	Hoffman	4. DATE OF DEATH	Month 3	12	y Year 1960					
	female white WIDOWE		B. DATE OF BIRTH 5/26/1925	los 3	birthday) Mar		Hours Min.					
		WSpaper off	ice Mary	land		S. CITIZEN OF	WHAT COUNTRY					
	George A. Bidle		Goldie									
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Hoffman, Middletown, Md.											
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Conditions, if ony, which gave rise to immediate couse (a), stating the under- lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CC	tastasis to		ecci d -	<i>d</i>	4,	9. WAS AUTOPSY PERFORMED?					
TE 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
	20c. TIME OF INJURY Month, Doy, Year 20d IN. Hour o m White at wark	Not while fo	ACE OF INJURY (Home, form clory, street, office bldg., etc	, 20f. (City or to	wn)	(County)	(State					
	ACTUAL SIGNATURE SELMINIS PHYSICIAN'S Dr. J. Elmer H:	d fram 21525 20, and that death er Harp arp		M, from the o	causes and or city or town, state)	the date						
	20. BUR AL, CREMATION, 225. DATE THEREOF BUT1A1 3/15/1960	U.B. Ceme	tery	Mye sv			(Stote) Md •					
1	33. FUNERAL DIRECTOR'S SIGNATURE Gladhill Company, Midd	dletown, Md		D BY REGISTRAR	24b. REGISTRAR	rs signatui 7 <i>å. H</i> van						

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the haspital an attending physician.

TO FL KAL DIRECTOR: After this certificate has been signed by the attending physician and campletely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, an remaval, and in any event within 72 boars often. VS A15 (4) 15M 9/58



Reg. Dist. No.

		PLACE OF DEATH	Freder	ick			2 USUAL RESIDENCE	(Where decease			are admiss	ian)			
	ľ	. COUNTY	gasasaag)	MARYLA	AND	a. STATE	yland	b. COUNTY	Freder	ick				
		b. CITY OR TOWN (If		c. LENGTH OF STAY IN	ч 1Ь		4	orate limits, write R	URAL and give no	and give nearest town)					
		RURAL and give nearest town)			Life		ใช้การทอพร์ เ	Brunswick							
	H	Brunswick d NAME OF HOSPITAL (If not in haspital, give street address)					d. STREET ADDRESS e. IS RESIDENCE								
		OR INSTITUTION					1	-			ON A	FARM?			
	⊨	203 West "B"			<u>. </u>		203 West "B" YES								
	3.	NAME OF DECEASED		First	Middle		Last	4. DATE OF DEATH	Man	ith D	_,	Year			
		(Type or print)	Clara		Virginia	Ho	vermale	DEATH		15		1960			
	5. :	SEX	6. COLOR OR RAC	E 7 MAR	RIED NEVER MARRIED		DATE OF BIRTH		9. AGE (In years last birthday)	Months Days	Haurs				
		Female	White	WIDOW	- Contract		-22-1867		92 yrs.	Manths Days	Hours	Min.			
	10a	USUAL OCCUPATIO	N (Give kind of wor	k dane 10b	. KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (SE	tate ar foreign	country) ,	12 CITIZEN C	F WHAT C	OUNTRY			
		House	ing lire, even ir retire งหวักิด	Home		Many	ULS	U.S.A.							
	13.	3. FATHER'S NAME			110410		14. MOTHER'S MAIDEN NAME					-			
			Willis	ms 11.55	ahaal		Josephine Widnyer								
	15	WAS DECEASED EVER			SOCIAL SECURITY NO.	IME	ORMANT	ijĊ	Add		, 1				
		i, no, or unknown) (If yes, give wor or doles o		, social seconiti ito.			111 200	, ,,,,,		1- 354	3			
	-	No Mr. Charles W. Hovermale, Brunswick, Md.													
			4		ine far (a), (b), and (c).]		OV IN.	INTERVAL BETWEEN ONSET AND DEATH							
		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Pulmonary Edema									4 ho	urs			
		434. / DUE TO													
1		Canditians, if an	y, which)	(ы)С	ongestive	rt Pailu	re								
J		gave rise to in	nmediate (h. #			
		cause (a), stating t lying cause last.	ne <u>under-</u>	(c)											
	Z	PART II. OTH	ER SIGNIFICANT CO	NDITIONS	CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TE	RMINAL DISEA	SE CONDITION GIV	EN IN PART I(o)	19 WAS A	AUTOPSY			
9	AT,										PERFO	RMED?			
	FIC	20g. ACCIDENT WA	S UNDERLYING []	20b. DES	SCRIBE HOW INJURY OCC	CURRED.	(Foter nature of injury	in Part Lor Pa	ert II of item 18.)			NO [J]			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									,						
		20c TIME OF INJURY			INTERNATION OF THE PROPERTY OF	n- NAC	E OF INJURY (Hame I		h. a. da	16		[CA-1-			
	MEDICAL	Haur a.m.	,	While	Nat white		ry, street, affice bldg.,		y or idwnj	(Caunty)	(State			
	¥	p. m,	19	at wa	rk at wark			- 1							
		21. I certify the	at Lattended th	e decea	sed from larcl	h. 7.	, 1960_, to .	Harch	15, 1960	that I last sa	w the d	ecease			
		alive an Mar	ch 15.		and that d										
			0 /	7/					Street, city ar tawn,			E SIGNE			
		ACTUAL				7 "	> 15 S.	Lary	land Ave						
z		SIGNATORES					D K ?								
/		PHYSICIAN'S C	T. Byr	on Ka	ao, M. D.		Bruns	wick,	Harylar	ıd					
	220	- BURIAL, CREMATION			22c. NAME OF CEMET			ATION (City, town,		(State	e)				
		REMOVAL (Specify) BURIAL	3-18-19		Park He:			Marylar							
	23	FUNGRAL DIRECTORS		700	ADDRESS	1511				STRAR'S SIGNATI					
	23.			Decree	nswick.Mar	-7.0	240 R	MAR 2	160 245. 866	Irthun & T	Craud				
	10	1 1110 11	0000	ST'UI	ISWICK WAL	VIEL	ICL DATE								

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 A HOSPITAL OR ATTENDING TO OTHER OF OTHER OF STREET OF S

VS A15 (4) 1SM 9/SB

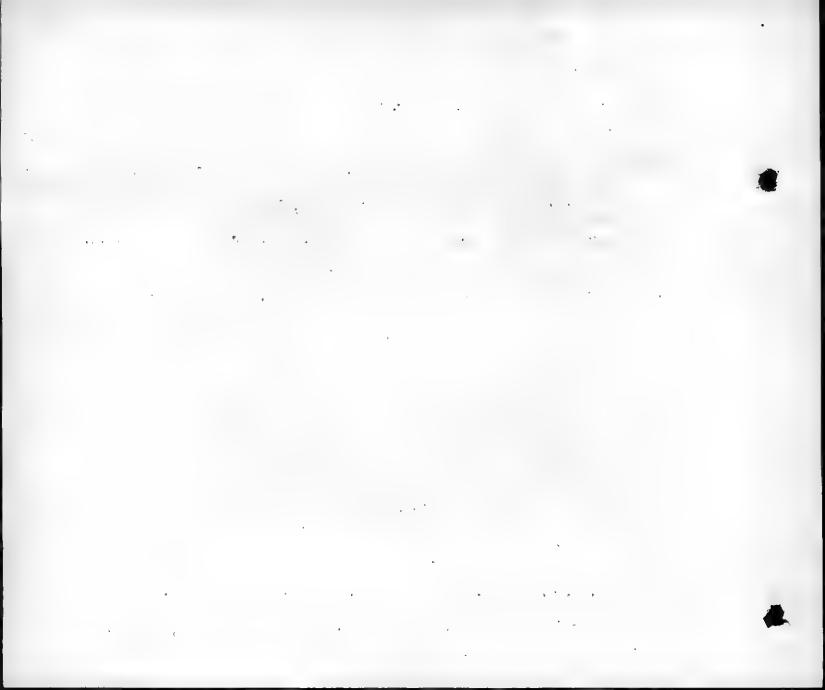
Med in by the funeral director, es I and 2 shauld be filed with



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requires that the death certificate be executed

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



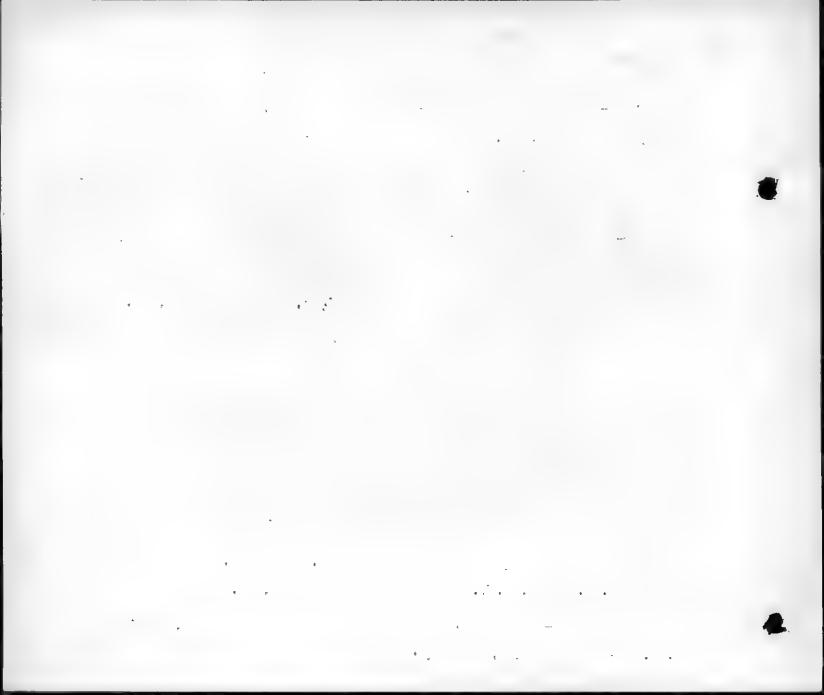
24 hours after death.

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death

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requires



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 113262 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation, Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY b. COUNTY o. STATE rederick MARYLAND Frederick 8 berial, b. CITY OR TOWN Iff outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Burkittsville Burkittsville vears 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE prior 1 ON A FARM? YES I NO A NAME OF 4. DATE OF **First** Middle Month Lost Day **Уеог** DECEASED (Type or print) DEATH 19 60 Sarah Ella Little 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH P. AGE Itn years IF UNDER TYEAR IF UNDER 24 HRS. Slow birthday) 19/1870 Months Days Min. Hours white female WIDOWED M DIVORCED [7] 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? P 64 during most of working life, even if retired) Dub housewife own home U.S. Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME podes Page 5 r unknown Savilla King Young 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Fred. Co. Welfare Records none no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: bronchial pneumonia davs IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which exposure porial gave rise to immediate couse DUE TO (o), stating the underlying cause last. 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPS 9 PERFORMED? NO1 200. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) [County] (State) writing the we hief Medical E OR: Page 3 shx factory, street, office bldg., etc.) While Not while a m at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection XI. Inquiry [X], and find that stificate, writi to the Chief / L DIRECTOR: P death resulted from: Natural causes 13t. Accident , Suicide . Undetermined cause Homicide . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER rded t ASSISTANT MEDICAL EXAMINER 3/14/1960 EXAMINER'S Dr. B. O. Thomas DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)

V\$. A15ME(5) 5M 9/55

REMOVAL (Specify)

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Give

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buria 960 ocust Valley Ch. Cem. Frederick Co. ADDRESS 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE DATE MAR 1 8 '60 Company , Middletown. Md. ciribus & Krank



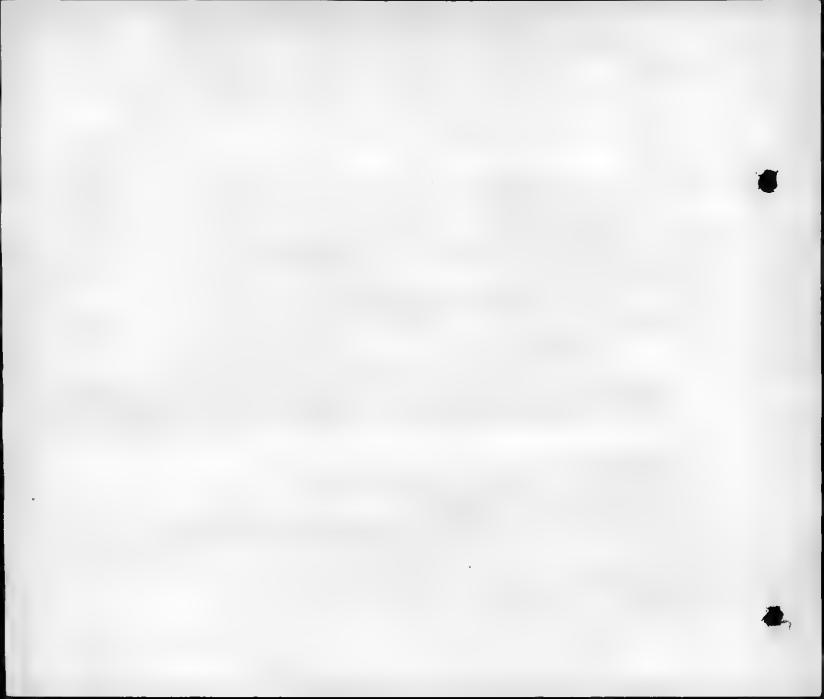
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ony, prease	tor. Page	our files.	of Heolth,	(
by is necess	nerol direc	ined for yo	ote Board	oth.	
It only delc	3 to the fo	noy harmon	with bu	or its designated agent, prior to buvial, cremation, or remayal, and in any event within 2 hour offer death.	
rer death.	1, 2, and	Poge 5 a	1 pag 2	his 2 hoc	,
24 hours of	sive Pages	form PM3.	File pages	y event wit	
ed within 2	tem, 18. G	flong with	permit.	and in am	
De execut	pencil in 1	s Office o	iriol-tronsi	r remayal,	
ate shauld	nding" in	Exominer	ed as a bi	maffon, o	
his certific	word "pe	ef Medical	ould be us	ourial, cre	
A MINER:	writing the	to the Chi	Page 3 shi	prior to	
DICAL EX	erhificate, v	orwarded	IRECTOR:	ted agent,	
FPUTY ME	evie the co	d be f	TERAL D	ts designo	
9	exe	4	10 1	or y	

VS A1SME

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 221 E MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03263

	UULA					Keg, L	JIST 140.
PLACE OF DEATH			- · · · · · · · · · · · · · · · · · · ·	H	NCE (Where deceased	I ved If institution, Resid	ience before odmission)
	ederick		MARYLAND	o STATE Mai	ryland	b COUNTY Fire	ederick
b. CITY OR TOWN (If and give negret) fown	auts de carparate limits, wote Ri	URAL	c LENGTH OF STAY IN 16	CITY OR TO	WN (It outside corpor	ote limits, write RURAL on	
Rural Mye	ersville		1 month	Rural	Middleto	own	
d NAME OF HOSPIT	AL OR INSTITUTION (IF I	of in hosp		d STREET ADDI			IS RES DENCE
							YES NO
3. NAME OF DECEASED	First		Middle	Lost	4. DATE OF	Month	Doy Year
(Type or print)	Huey		P. I	ong	DEATH	3	28 19 60
5. SEX	6 COLOR OR RACE 7.	MARRIED	NEVER MARRIED 5	DATE OF BIRTH	9.	Land to self-street	RIYEAR IF UNDER 24 HPS
male	white	VIDOWED	DIVORCED	9/7/1935	5	24 yrs. Months	Days Hours Min.
10a USUAL OCCUPATIO	ON (Give kind of work doning life, even if retired)	10b, Kil	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE	(State or foreign cou	n(ry) 12. CI1	TIZEN OF WHAT COUNTRY
farm lab		fa	rm	Marvla	and		II S
13. FATHER'S NAME				14. MOTHER'S MAI	DEN NAME		
Leslie	H. Long			Nelli	e Routza	hn	
	ER IN U. S. ARMED FORCE		OCIAL SECURITY NO. 17	EFORMANT		Address	
no	fit Jar? Sine unt et enfat et ten.		7-32-7228 I	eslie H	Long. 1	Middletown.	Md.
18. CAUSE OF DEA	TH [Enter only one couse		7	3 4 41			TINTERVAL BETWEE I
PART I. DEAT	TH WAS CAUSED BY:	colf.	-inflicted	minchot	wound of	skull	immediate
971		2 GTT.	-TILLTIC GOOD	Sursinge	wound of	Shull	THIREGISTS
Conditions, if e	DUE TO						
gove rise to imme	diote couse						
(o), stating the couse lost.							
	(c)	HONS CON	ATRIBUTING TO DEATH BUT N	OT RELATED TO THE	TERMINAL DISEASE (ONDITION GIVEN IN EAL	TIME WAS A ITOPSY
СКПО			The second secon		TENNING PROPERTY	OND HON OFFICE AT A	PERFORMED?
PART II, OTH	ISE WAS TRIBUTING [] 206	DESCRIBE	HOW INJURY OCCURRED (E	nter nature of injury	in Port I or Port II of	item 18)	
3 20c. TIME OF INJUI	RY Month, Day, Year	20d. IN	UURY OCCURRED 20e PLA	CE OF INJURY (Home	, form, 20f. (City o	town) [Co	(Signa)
20c. TIME OF INJUI	3 /28 1960	White of worl	Not white focts	ory, street, office bld		liversvill	
			emoins described obo	ve. held an Au			ry D, and in my
			ouses [], Accident [Tellings 1	
	7 m D						
SIGNATURE A	Susum	nei	1	_M D CHIEF MEDI	CAL EXAMINER 🔀		DATE SIGNED
				ASSISTANT I	MEDICAL EXAMINER		
EXAMINER'S NAME (Type)	c. B. O. T	homa	S	DEPUTY MEE	DICAL EXAMINER		3/28/1960
	IN, 226. DATE THEREOF		24 NAME OF CEMETERY OR	CREMATORY	27d. LOCATIO	ON (City, fown, or county)	(State)
burial	3/30/1960	0	Lutheran Cer	neterv		letown.	14d.
23. FUNERAL DIRECTOR			ADDRESS		REC'D BY REGISTRA		GNATURE
Gladhi	17 Company	. Mil	ddletown. M	d.	-MAD 2 9 160	01.1	W



death. Page

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death



MARYLAND	STATE	DEPARTMENT	OF HEALTH-	BALTIMORE,	18
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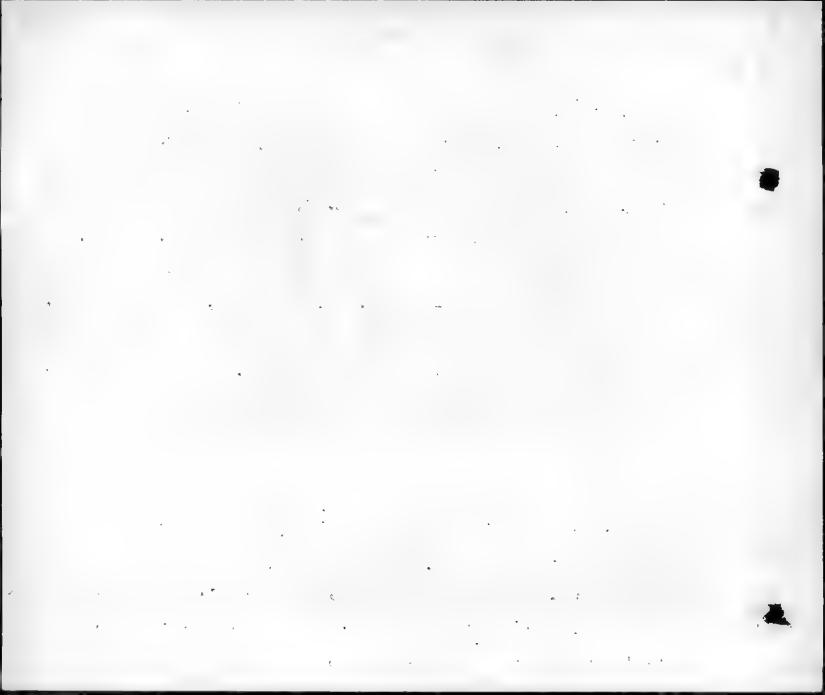
	33	279	CERTIFIC	ATE OF D	EATH			Reg. Dist. N	o .	
PLACE OF DEATH O. COUNTY	FREDERI	CK	MARYLAND	2. USUAL RESID	ARY LAN	deceosed	lived. If institute b COUNTY	on: Residence bel	ore admiss	ion)
b. CITY OR TOWN (I RURAL and give no	f autside corporate limit parest towning a communication	s, write CK	c LENGTH OF STAY IN 15	C CITY OR TO			ote limits, write RICK, R	oute # 2)
OR INSTITUTION	AL (If not in hospitol, gi		,	/d STREET AD	ERICK,	M	ARYLAND.			PARM2
3. NAME OF DECEASED (Type or print)	First CSA	it	Middle VIRGINIA	Last MAIN		DATE OF DEATH	Mar ch	26	ay	Year 19 60
s. sex Female	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED D	B. DATE OF BIRTH	, 191		9. AGE (In years last birthday) yrs.	Months Days	R IF UNDE Hours	R 24 HRS Min,
during most of work Housew	ing life, even if retired)		kind of business or ind Homemaker	Fred	lerick	Cou		12. CITIZEN (SA.	OUNTRY?
13. FATHER'S NAME ELMOR	Shelton			14. MOTHER'S	MAIDEN NAMI	E	Siers.			
IS. WAS DECEASEDEVE (Yes, no, or unknown)	R IN U. S. ARMED FORG		SOCIAL SECURITY NO. 215-24-2578 M	informant ar - Hattie	s Sh	elto	n, Fred		tt # a	2.
PART I. DEA Conditions, if or gove rise to it couse (o), stoting lying couse lost.	the under (c)	ac.	ate (propo	Level Con DET NOT RELATED TO	A CC	DISFASE	CONDITION GIV	10	19. WAS	DEATH CC.
(IF EITHER, NOTIFY	MEDICAL EXAMINER)		CRIBE HOW INJURY OCCURR						163	
ZOC TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	White of wor	Not while	PLACE OF INJURY (H foctory, street, office		lof (City	or town)	(Count)	r)	(Stote)
21. I certify the alive anS	at 1 attended the 3 - 2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	deceas , 196	eo rrom	4 1960 Th accurred at		from t	the causes an eet, city or town,	d on the da	le stated	
PHYSICIAN'S NAME (Type)	. G. Bourne		The state of the secondaria	30, AI	ll Sain	ts	St., Fr	ederick,	Vai	ryland.
220. BURIAL, CREMATIO REMOVAL (Specify)			22c. NAME OF CEMETERY	OR CREMATORY		_	ION (City, town,	or county)	(Stol	e)

10 P VS A15 (4) 1SM 9/SB

FREDERICK, MARYLAND, 23. FUNERAL DIRECTOR'S SIGNATURE DAILEY'S FUNERAL HOME

24g, REC'D BY REGISTRAR
DATE MAR 3 0 '60 DATE

24b. REGISTRAR'S SIGNATURE arthur S. Kraus



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VS. A15ME 5M 2.57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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		nw.	~	V.F

	1250		Tr				Reg. Dist.		
o, COUNTY	Frederick	MARYLA	n STATE	Maryla Maryla		l - If institutio b. COUNTY	_	deric	
	autide cerporete limite write RUEA			TOWN (If outsi		mits, write Rt			_
Frederick		Hour	X	Monrov					
d. NAME OF HOSPITA	AL OR INSTITUTION (If not	in hospital give street address}	d. STREET	DDRESS				le 15	RES DENCI
Frederic	Memorial Ho	spital]/					YES	
3. NAME OF DECEASED (Type or print)	FRANK	JEROME	McCI	A TAT C	ATE OF EATH	March		9,	19 60
. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8 DATE OF BRTH				FUNDER 1Y		DER 24 HE
Male	700 2 4	OOWED DIVORCED	August 5	, 1903	50	yrs h	Aonths Da	ys Hours	Min.
Da. USUAL OCCLPATION during most of working County	ON (Give kind of work done a life even if retired) Rd. Dept.	10b. KIND OF BUSINESS OR IN Grader Operato	or Ma	ACE (Stote or fo	reign country)		12. CITIZEI	USA	T COUNTR
3. FATHER'S NAME	4	-		MAIDEN NAME					
Jose	ph McClain			Kat	herine	Pearre	e		
	ER IN U. S. ARMED FORCES' (If yes, give war av dates of service		17 INFORMANT Mrs. Franc	es Trer	e McCl	Address	BA 25	item	#2
			MILS. FISHIN	ca II el	IS MICOT		EC 45		
	TH Enter only one couse po H WAS CAUSED BY:		TON					INTERVAL BET	PEATH
1166	IMMEDIATE CAUSE (a)	CORONARY OCCLUS	ION					Minut	6 5
Condition it a	DUE TO								
Conditions, if a	liate cause								
(a), stating the course lost.	inderlying DOE 10								
PART II, OTH	ER SIGNIFICANT CONDITIO	MS CONTRIBLTING TO DEATH I	BUT NOT RELATED TO	THE TERMINAL	DISEASE CONE	ITION GIVEN	N IN PART I	(o) 19. WAS	S AUTOPSY ORMED?
PART II, OTH	ISE WAS 206 DE	SCRIBE HOW INJURY OCCURRE	D (Enter nature of in	jury in Fort 1 or	Part II of item	18)			
20c TIME OF INJUI		20d. INJURY OCCURRED 20e.	PLACE OF INJURY (I factory, street, office	lome, form, 20 bldg , etc.)	Y. (City or tow	7)	(Count)	γ)	(Stole)
	19	the remains described	abaya bald an	Autoney IT	1 Inspect		Ii		
	-	prol couses D. Accide			ų, inspeci iicide □,	ion K], Undetern	Inquiry		ind in m]
ACTUAL SIGNATURE	Ohom	as	M.U.	EDICAL EXAMIN	_			DATE	SIGNED
EXAMINER'S B	. O. Thomas,	M.D.		NT MEDICAL EXAM	5777			3/11	1960
TO BURIAL CREMATIO	N, 226 DATE THEREOF	22c. NAME OF CEMETER	Y OR CREMATORY	22d.	LOCATION (C	lity, fown, or	county)	(\$10	ote)
Burial	Mar.12,196	O Methodist C	Cemetery		Hyatts	town,		Maryl	and
3. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS		24o. REC'D BY	REGISTRAR	246 REGISTI	RAR'S SIGN	ATURE	
W. L. Burde	tte. Wysttst	own. Marryland		OATE SEATS	1.4 '60	0.0	1.0 8 +	7-114	



TO HISTIAL OR ATTENNIA MYSICEM: The low requires that the dmath certificate be executed within 24 hours after death. Page 4

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VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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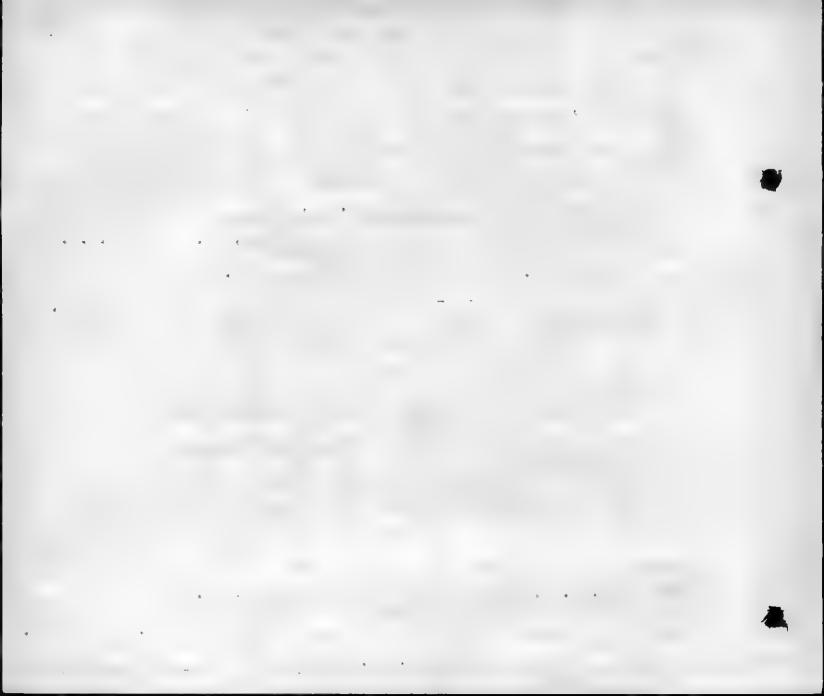
377	CERTIFICATE	OF D	EATH

		U	U	4	U	
D1 - 4	B.L.					

1. PLACE OF DEATH o. COUNTY F	rederick		MARYLAN	- II	2. USUAL RESIDENCE (V a. STATE Mar;	vhere deceo yland		NI IN ITTY	lence before	
b CITY OR TOWN (I RURAL and give no	If autside carporate lim	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF				d give neare	est tawn)
Frederick	-R.F.D.#5		Years		× Freder	rick F	1.F.D.#	5		
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in haspital, q	jive street	oddress)		d. STREET ADDRESS				ė.	ON A FARMS
Braddock	<u>Heights</u>				Bradde	ock He	eights			ON A FARM? YES NO D
3. NAME OF DECEASED	Fii	st	Middle		Last	4. DATE		Manth	Day	Year
(Type or print)	JOHR	1	HERMAN		MOCK	DEAT	тн	March	12	19 60
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	В	DATE OF BIRTH		9. AGE (In	7.		F UNDER 24 HRS
Male	White	WIDOWI	ED DIVORCED]	July 20, 18	90	69	yrs. Manth:	s Days	Haurs Min
100 USUAL OCCUPATION	ON (Give kind of work	dane 10b.	KIND OF BUSINESS OR II	NDUSTE	Y 11. BIRTHPLACE (Stot	e ar foreign	country)	12 C	ITIZEN OF V	WHAT COUNTRY
Buildi	ng Contrat	or	Butlding		Maryl	and			U	SA
13. FATHER'S NAME				j	14 MOTHER'S MAIDEN	NAME				
Wil	liam T. Mo	ek			Eliza	beth H	. Wise			
15. WAS DECEASED EVE	R IN U S. ARMED FOR	CES7 16.	SOCIAL SECURITY NO.	INF	ORMANT			Address		
(Yes, no or unknown) No	(If yes, give war or dates of s		14-14-6674	Mrs	Edna R. M	ock- S	Same as	Item #	12	
		use per li	ne far (a), (b), and (c).]			C			INTER	VAL BETWEEN
PART I, DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (c)/	Acute M.	100	evdial in	tauche	ev.			LOUV
400	/ DUE TO									
Canditians, if a		. (Coronary	5 c	Levosis				2,	14ears
gave rise to i cause (a), stating	mmediate (Dur To		(
lying cause last.) (0)								•
PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	8UT N	OT RELATED TO THE TER	WINAL DISE	ASE CONDITIO	ON GIVEN IN P	ART 1(a) 19	WAS AUTOPSY PERFORMED?
V PART II. OTH	1)	cab-	· Cu meli	le to	1				,	YES NO
E 20a ACCIDENT WA	AS UNDERLYING () CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE5	CRISE HOW INJURY OCCU	JRRED	(Enter nature of injury in	Part Lar P	art II af item	10.)		
20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Ye	While		PLAC facta	E OF INJURY (Hame, fai ry, street, affice bldg., e	rm, 20f (C	ity ar town)		(County)	(State
21. I certify th	at I attended the	deceas	ed fram GCf	-	, 19 34, to M	aren	12 1	962, that I	last saw	the decease
alive an	march 12	- . 19	6.0, and that de	eath a	ccurred at 6:30	A _{M. from}	n the caus	es and an t	he date	stated ahave
	0 1)	/				(Street, city or		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DATE SIGNE
ACTUAL SIGNATURE	J-16	che	oliver -	AA	Professi	onal 1	Buildin	ıg	3/	14/1960
	L. R. Scho	lman	, M.D.	(*1-	Frederic	k, Mai	ryland			
22g BUR A. CREMATIC	N 22b DATE THERE)F	22c. NAME OF CEMETER	PY OP	PEMATORY	22d. LOC	ATION (City	tawn, or county	v)	(State)
Burian (Specify)	Mar.15,1		Mount Oliv				ederick			yland
23. FUNERAL DIRECTOR		1000	ADDRESS		24g. REG	C'D BY REG	ISTRAR 24b	REGISTRAR'S		
M.R.Etchi	son & Son,	Fred	erick, Maryl	and	DATE	MAR 1 5	'60	arthur	S. Krau	A



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VS A15 (4)

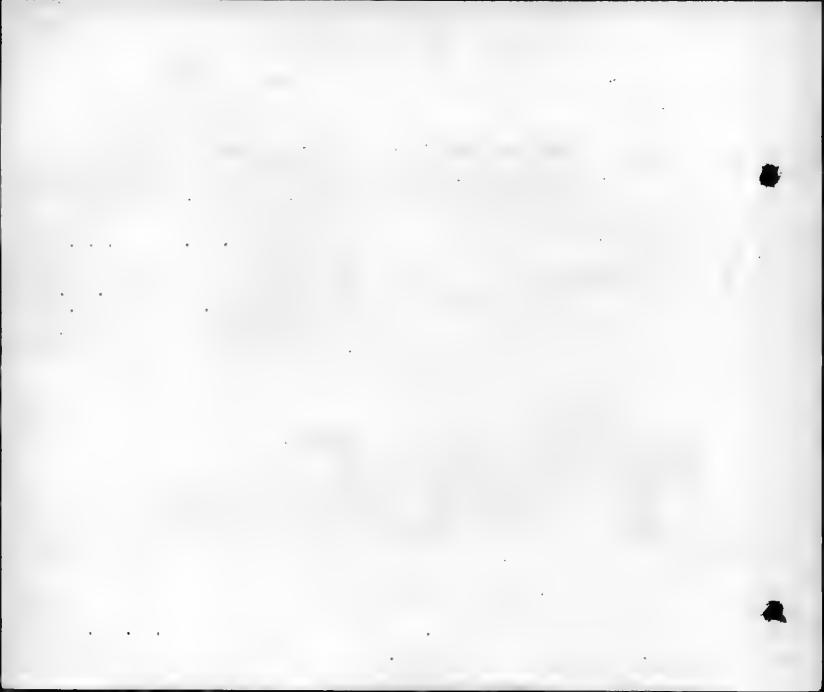
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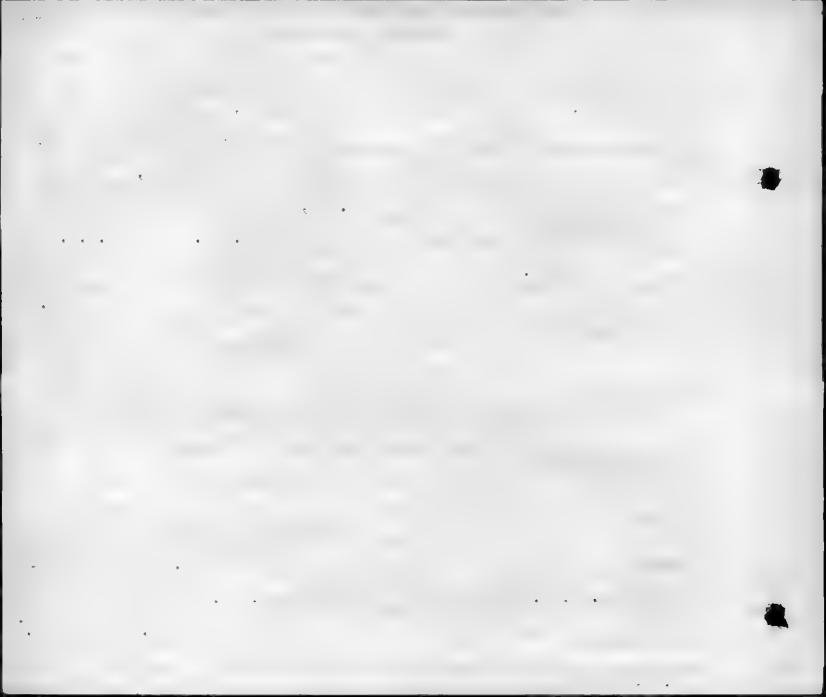
MEDICAL

			MARYL	AND	STATE DEPAR	TME	NT OF HEALTH	I-BAL1	IMORE, 1	8			-
	D		329	21	CERTIF	ICA	TE OF DEATH	1		Reg. D	ist. No.	032	269
		PLACE OF DEATH					2. USUAL RESIDENCE (Who or STATE	ere deceased	lived If institution	n Reside	nce befor	e admiss	ion)
-		Fi	rederick		MARYL	IND		yland	a. COUNTY	Fhr	eder	cick	
		b. CITY OR TOWN RURAL and give Frederj		ls, write	c LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (IF o		ote limits, write Rl	JRAL ond	give neo	rest fown)
A	1	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Frederick Memoria 1 Hospital					d. STREET ADDRESS		V				FARM?
		3 NAME OF DECEASED	Fir		Middle		Last	4. DATE OF	Mont	h	Day	y \	/ear
		(Type or print)	Harriet (Corne	elious Nay	rlox	(Hattie)	DEATH	March				960
		5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED DIVORCED	_	DATE OF BIRTH		9. AGE (In years lost birthday)	Months		Hours	R 24 HRS Min.
death.		100 USUAL OCCUPA during most of y Domest	varking life, even if retired	done 10b.	KIND OF BUSINESS OR		Frederic	•	**		TI S		OUNTRY?
ē		13. FATHER'S NAME					14. MOTHER'S MAIDEN N		DICE		U a S	73. a	
Jours offer		John H	Henry Naylo	or			Unknown						
-	\angle	[Yes, no, or unknown]	VER IN U. S. ARMED FOR If yes, give wor or dates of s	euvice)	SOCIAL SECURITY NO.		FORMANT		Addr	T. T.	ed.		
2		No			ıknown	Ne.	llie Hollan	id-15	W.All S	Sain			
event within 72			DEATH [Enter only one co DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	a	ivrnesis	1	iver				ONS	RVAL BE ET AND	DEATH
y ever		5 9 / Conditions, i	DUE TO	(1	Hepatri C	or	ia)				1	do	W.
d in any		gove rise to couse (o), stati lying couse to	immediate DUE TO										
remaval, and in	S	~	/ (0	DITIONS C	ONTRIBUT NG TO DEAT	1 TU8 H	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 1	PERFO	AUTOPSY RMED?
Te Te		□ OR CONTRIBUTI	WAS UNDERLYING THE NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	URRED.	. (Enter nature of injury in f	Port I or Port	If of item 18)				

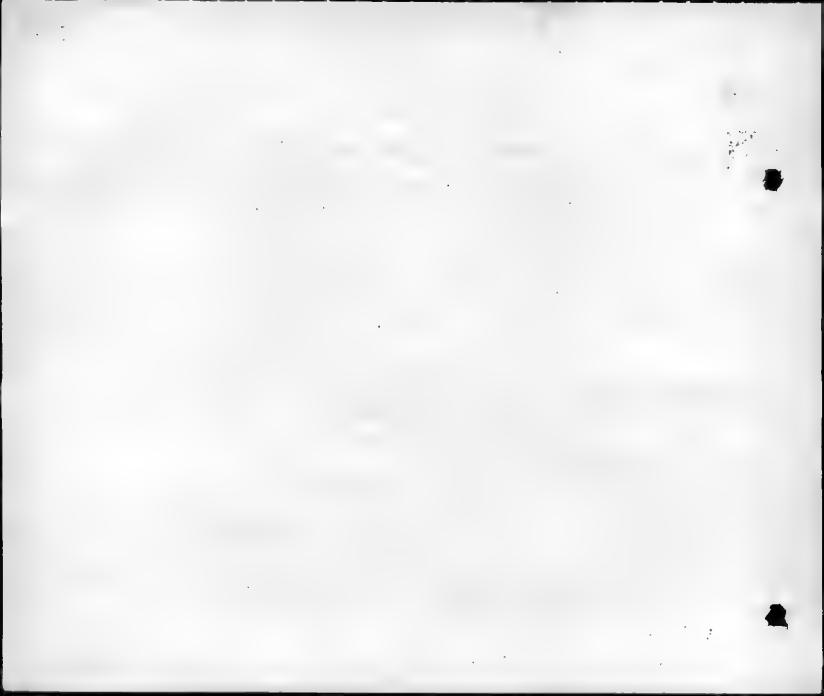
20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (State) (County) foctory, street, office bldg., etc.) Hour o.m. While Not while at work at work p. m. 21. I certify that I attended the deceased from 196 othat I last saw the deceased and that death accurred ____M, fram the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED PHYSICIAN'S NAME (Type) THOMAS, JR. FREDERICK. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 3-8-60 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Frederick-Md.

DATE





2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) 10 hrs J. all Ed d NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? Fichuic YES NO Memoria NAME OF Year DECEASED DEATH MALLI 1960 (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH Months Doys DIVORCED | WIDOWED | 10g USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME SAMUEL S. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. (If yes, give wer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c),] I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate DUE TO cause (a), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 🗆 206 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 1B.) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) 20d. INJURY OCCURRED (Stote) (County) factory, street, office bldg., etc. Hour o.m. While Not while at work at work p. m. 21 1 certify that (1) (this haspital) attended the deceased from 13 Mary 1960, to 13 forms, 1960, that (1) (we) last saw the deceased alive an 1 3 and that death accurred at 1 AM, from the causes and an the date stated above 22o SIGNATURE 22b DATE SIGNED ATTENDING PHYS MED. M.D. 22c. PHYSICIAN'S 22d, ADDRESS CREMATION. 23c. NAME-OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) 24. FUNERAL DIRECTOR'S SIGNATURE 256 REGISTRAR'S SIGNATURE 25g, REC'D BY REGISTRAR arthur & Krais DATE MAR



FOR STATE HEALTH DEPT

Par

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page build be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 mc. retained for your files.

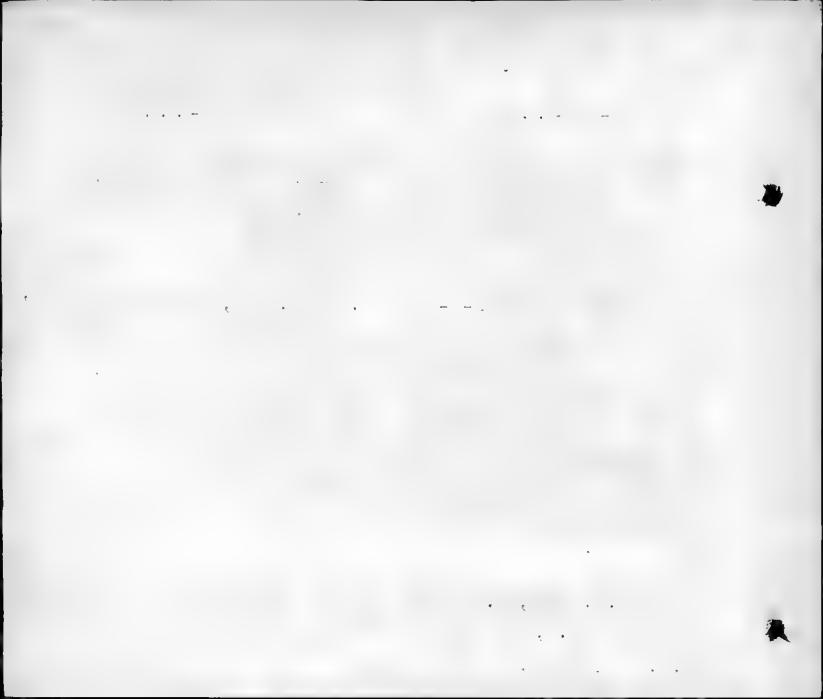
TOTUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Toyld of Health, or its designated agent, prior to burial, cremotion, ar removal, and in any event within 72 hours after death.

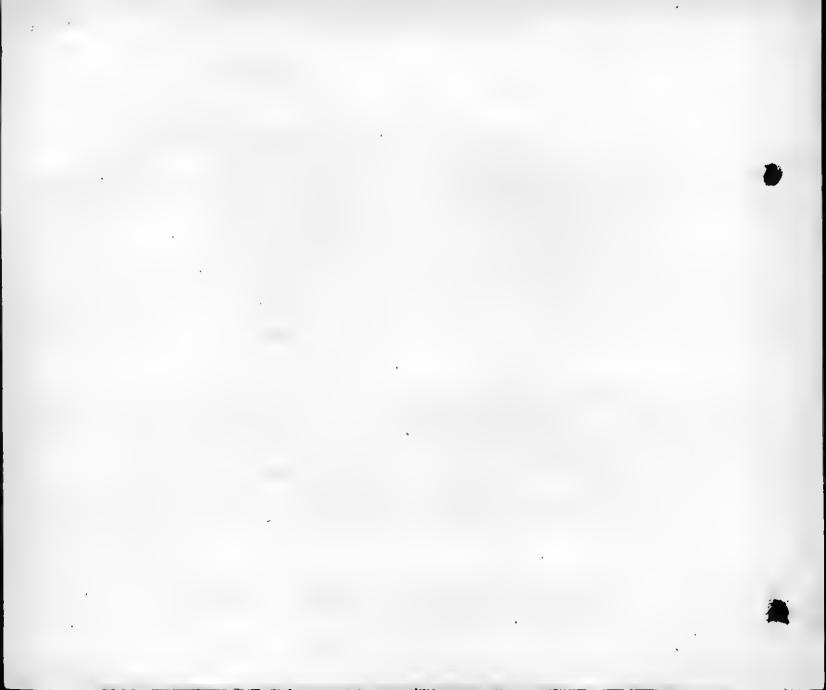
VS A15ME BM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3318

03272 Reg. Dist. No.

٠		LACE OF DEATH				2. USUAL RESIDENCE (V	Where deceased I'v	red If institutions I	Residence before	odmisson)
	ľ	COUNTY F:	rederick		MARYLAND	o STATE Maryl	and	P CONILL	Freder	ick
	Ь	CITY OR TOWN (+	outs de corpora e fimils, with	RUPAL	C. LENGTH OF STAY IN 16	C CITY OR TOWN (IF	auts de corporate	limits, write RURA	L and give neare	isl fown)
			-Rural-R.D	#5	2 Years	× Freder	rick Rubs	L-R.F.D.#	# 5	
	0		The same of the sa	f not in hor	pital, give street address)	d. STREET ADDRESS			e	IS RESIDENCE
X		Fulmer Ro	ad			Fulmer	Road		YI	ES A FARMS
	3	NAME OF DECEASED	Fire		Middle	Lost	4. DATE OF	Month	Day	Yeor
		Type or print)		CHIE	INTE	PARASON	DEATH	March	25,	1960
	5. 5	EX	6. COLOR OR RACE	7 MARRI		DATE OF BIRTH	_ for	GE (In years IF UP	NDER TYEAR IF	
		Male	White	WIDOWE		anuary 1, 18		Mon	this Doys Ho	iurs Min,
	10o.	USUAL OCCUPATION most of working Retired	N (Give kind of work of life, even if refired) Farmer	lone 10b. I	Own Farm	BIRTHPLACE (Stote	or foreign country	r) 12.	. CITIZEN OF W	HAT COUNTRY?
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN I	NAME			-
		Unknown				Unknown				
i	15. 17ea		R IN U. S. ARMED FO			FORMANT S. Viola M.	Davis,	3334South	Market Marvla	Street,
	卢	18. CAUSE OF DEAT	H Enter only one cou	se per line	and the second s				TINTERVAL	netwern
		PART I. DEATI	H WAS CAUSED BY:	do	RONARY THROMBOS	STS			Minu	
		112.	MMEDIATE CAUSE (o)		COMMICT THEORETOC	, LL			- ANT PART IN THE	
		Canditians, if on	DUE TO	9.0	EXPOSUR	<u>e</u>			?	
		gave rise to immed	iale cause							
		(a), stating the u								
	z		7 (c) ER SIGNIFICANT CON		ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CO	NDITION GIVEN IN	PART MONTE V	VAS AUTOPSY
0	CATIO								YES	ERFORMED?
	CERTIFICATION	20g, EXTERNAL CAUPRIMARY OF GON CAUSE OF DEATH.	SE WAS TRIBUTING	b. DESCRIB	E HOW INJURY OCCURRED (E	nter nature of injury in Par	t I or Port II of its	m laj		_
	MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yea	70d.	INJURY OCCURRED 200. PLAC	E OF INJURY (Home, form	20f. (City or to	Imu)	(County)	(Slate)
	MEDI	Haur e.m.	19	White of we	Nat while	ry, street, affice bldg., etc.	4			
			at 1 took charge	af the	remains described abai	re, held an Autops	y , Inspe	ction 🔼, In	quiry 🔼,	and in my
		opinion death i	resulted from: 1	Vatural (causes 🚺. Accident [], Suicide [],	Hamici de 🔲	. Undetermin	ed manner	
,		ACTUAL	Ron						D.	ATE SIGNED
)		SIGNATURE	10/12		and a	M.D. CHIEF MEDICAL EX	9-447			
P		EXAMINER'S NAME (Type) B.	O. Thomas	, Md.		ASSISTANT MEDICAL	95		Marc	h25,1960
	220	BURIAL, CREMATION	N. 726. DATE THEREC		224 NAME OF CEMETERY OR			(City, town, or cour	* *	(State)
		REMOVAL (Specify) Burial	Mar.28,1	960	Mount Olivet	Lemetery	Freder	rick,	Mary	Land
	100	FUNERAL DIRECTOR			ADDRESS		D BY REGISTRAR	246 REGISTRAR		
		M. R. Etch	ison & Som	, Fre	derick, Marylan	nd DATEM!	R 2 9 '60	arthur	S. Kraus	





	3224	CERTIFICA	TE OF DEATH		
	PLACE OF DEATH O COUNTY Frederick	MARYLAND	- CTATE	ere deceased lived. If institutions is yland b. COUNTY	Residence before admission) Frederick
	b. CITY OR TOWN (If autside carporate timits, we RURAL and give peorest town) FTOGETICK	5 weeks 3	c CITY OR TOWN (IF or Range of the contract of	utside carporate limits, write RURA - rural Crea	Land give nearest town) gerstown
	d NAME OF HOSPITAL (If not in hospital, give son in the price of the p		d. STREET ADDRESS		e IS RESIDENCE ON A FARM? YES NO
	NAME OF First DECEASED (Type or print)	Middle	DLUMER PLUMER	4. DATE Month OF 3	Day Year - 15 1960
5. :	mala white	MARRIED NEVER MARRIED DOWED DIVORCED	Dec. 29, 1		UNDER I YEAR IF UNDER 24 HRS, Inths Days Hours Min
	 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 	Own Farm	Maryla		U.S.A.
13.	Frederick Plume	er	Margar		
15. (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? st. no. of prikpown) (If yes, give war ar dates of service)		formant Louis Plume:	r Thurmon	t, Md. RFD
	18. CAUSE OF DEATH [Enter only one cause PART DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line for (0), (b), and (c).] Gerebral Harcin	heses		INTERVAL BETWEEN ONSET AND DEATH 36 (Cary)
1	Canditions, if any, which gave rise to immediate couse (a), stating the under-lying cause lost.	Generalized art	eriosclevobis		years
CATION		ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART 1(0) 19 WAS ALTOPSY PERFORMED? YES NO
CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in F	Port I at Part II af item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur a.m. P. m. 19 20d. INJURY OCCURRED While Nat while at work a			(County) (State)		
	21 1 certify that (1) (this haspital) o saw the deceased alive on 3	Itended the deceased from	1 9.4.	(40, 10 3/15), M, from the couses and c	1% C, that (1) (we) last on the date stated above
	220 SIGNATURE C Richard C Richard	metico,		D STAFF RECTOR PHYS	3/16 SIGNED
	NAME (Type) Richard C.	Reynolds	22d ADDRESS *	Church St.	Frederick. Md.

TO F

revained by the haspital o

requires that the death certificate be executed within 24 hours after death. Page 4.

physicion

by the attending

or attending physicion.

in by the funeral dire and 2 shauld be filed

ADDRESS

23b. DATE THEREOF

3-18-60

23a. BURIAL, CREMATION,

23c NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery 23d LOCATION (City, tawn, ar county) Thurmont, Md.

(Stote) Fred. Co.

25g REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE DATE MAR 21 '60 Thurmont, Md. Collun S. Kraus



	9919	2213 CEKIII O		Reg. Dist. No.			
	1. PLACE OF DEATH COUNTY Frederick	MARYLAND	CTATE	re deceased lived. If institution b. COUNTY	Residence before odmission) Frederick		
	b. CITY OR TOWN (If autside carporate limits, write plane). Thurmont runal	c. LENGTH OF STAY IN 16	Thurmon	ntside corporate fimits, write RUR	AL ond give rearest town) Proagorstown		
	d. NAME OF HOSPITAL (If not in hospitol, give street or institution of the hospitol of the hos	et address)	d STREET ADDRESS		e. 15 RESIDENCE ON A FARM? YES T NO		
	3 NAME OF DECEASED (Type or print) Elizabeth		Last	4. DATE Month OF DEATH MRTC			
	Female White Wido	WED DIVORCED	Sept. 23,	1888 ost pirthdoy)	UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min		
	10a USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired) Housewife	Own Home	Marylat	_ *	U.S.A.		
_	13 FATHER'S NAME		14 MOTHER'S MAIDEN NA	AME			
•	Infine Dres	sel	Tukno	r			
	1S WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		ouis Plumer	Thurment,	_		
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITION	speadal in Fronchitic as SCONTRIBUTING TO DEATH BUT	ery edem sufficient	cy fluence	4 days		
3	PART II. OTHER SIGNIFICANT CONDITION 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in Po	art I or Part It of item 18.)	PERFORMED?		
	20c. TIME OF INJURY Month, Doy, Year 20d	- for all	ACE OF INJURY (Home, form, tary, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (Stat		
1	21. I certify that I attended the dece alive an	60, and that death	M.D. Thur	M, fram the causes and DDRESS (Street, city or town, st	an the date stated above the date stated above the date stated above the date stated above the date significant and the date stated above the date stated		
ų.	22g. Burial, Cremation, 22b. Date thereof Bur 1a 1 3-4-60	22c. NAME OF CEMETERY OR Mt. Carmel	Cemetery	22d. LOCATION (City, town, or Thurmont ,	Maryland		
	23 FUNERAL DIRECTOR'S SIGNATURE	Address Mc		BY REGISTRAR 246 REGIST	RAR'S SIGNATURE		

DATE 7

Orien & Frank

led in by the funeral director, s 1 and 2 shauld be filed with HERPITAL OR ATTENDING THYSICIAN; The lam mayires that the death certificate be executed within 24 hours after death. Page 4 the attending physician and cample permit. Then please remove carban papers in any event within 72 haurs after death be retained by the haspital ar attending physician.

NERAL DIRECTOR: After this certificate has been signed by page 3 should be detached far use as the burial-transit permit, the registrar prior to burial, crematian, or remayal, and in any expensive prior to burial, crematian, or remayal, and in any expensive prior to burial, crematian, or remayal, and in any expensive prior to burial, crematian, or remayal, and in any expensive prior to burial.

VS A1S (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where decemed lived. If institution: Residence before admission) . county Frederick b. COUNTY Frederick o. STATE . Maryland MARYEAND b. CITY OR TOWN (If outs de corporate limits, write RLRA). c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Nr. Frederick Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospito) give street oddress) d. STREET ADDRESS ON A FARM? Fort Detrick -W. STES NO X NAME OF First 4. DATE Middle Month DECEASED OF DEATH (Type or print) Robert L. Ponder 1960 March 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS lost brithday) Months Male Hours WIDOWED T DIVORCED T 24 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? United States Armed Forces Monroe. La. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis Ponder Virgie Tucker 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY Fractured Skull. Loss of entire brain, Minutes IMMEDIATE CAUSE (a) Crushed brain, Mul. fractures. DITE TO Canditions, if any, which gave rise to immediate cause **DUE TO** (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179, WAS AUTOPSY PERFORMED? 20a. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) PRIMARY D or CONTRIBUTING D

Car ran under tractor

Mathh. Day Moor | God. INJURY OCCURRED 200 PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, off ce bldg., etc.)

(County) Nr. FrederickFrederick. Md.

[Stote]

21. 1 certify that I took charge of the remains described above, held an Autapsy . Inspection [X], Inquiry [X], and in my Suicide . Homicide . Undetermined monner

ACTUAL SIGNATURE

CHIEF MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER A

DATE SIGNED 14/60

NAME (Type) Thomas. 220. BURIAL, CREMATION, 726 DATE THEREOF

EMETER

22d. LOCATION (City, town, or county)

23. FUNERAL DIRECTOR'S SIGNATURE

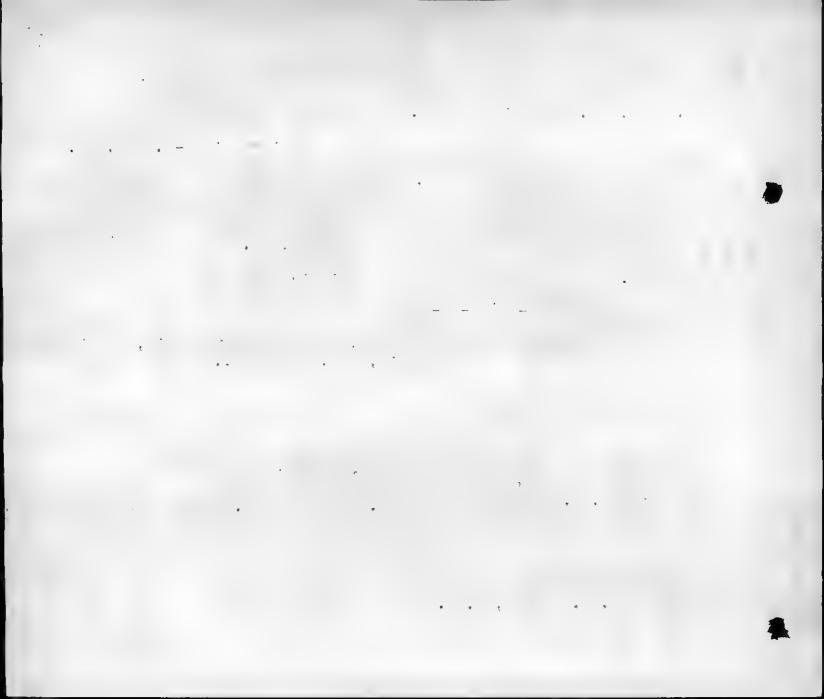
EXAMINER'S

ADDRESS

of work of work

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

03277

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea, Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1 PLACE OF DEATH e. COUNTY **b.** COUNTY Frederick MARYEAND Frederick b. CITY OR TOWN (If outside corporate I mils, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If actside corporate limits, write RURAL and give nearest town) and give nearest town) Frederick Vrs. Frederick - Route 240A e IS PESIDEN E d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO Rose Marinos Resturant-Rt. 240A Rose Marinos Resturant NAME OF 4. DATE DECEASED 1960 March Proctor DEATH (Type or print) Ja mes Keefer 9. AGE |in years IF UNDER TYEAR IF UNDER 24 HRS. 5, SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH fort birthday) Months Days Hours 1 Min. WIDOWED T DIVORCED TY Male Ne gro 10a. USUAL OCCUPATION (Give kind at work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Frederick Co. Md. Cook 55-36-36-37-37-66-36 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John Proctor Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) Merhle Proctor-5843 Cedar Ave Phila Pr. 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DISTT AND DEATH PART I, DEATH WAS CAUSED BY: Bronchopneumonia IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse **DUE TO** (o), stating the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES TE NO T 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Fort II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or fawn) (Caunty) (Stote) factory, street, office bldg., etc.) White Not while Hour at wark of wark D. (9) 2). I certify that I took charge of the remains described above, held an Autopsy of. Inspection ... Inquiry . and in my opinian death resulted fram: Natural causes 📆 Accident 🗍 Suicide , Hamicide , Undetermined manner DATE SIGNED M.D. CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER [B. O. Thoma s. Sr., M. D. **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) 220- BUR AL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Frederick, Maryland Fairview Burial 13-6-60
23. FUNERAL DIRECTOR'S SIGNATURE

VS. A15ME 5M 2/57

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HEALTH DEPT.

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Office

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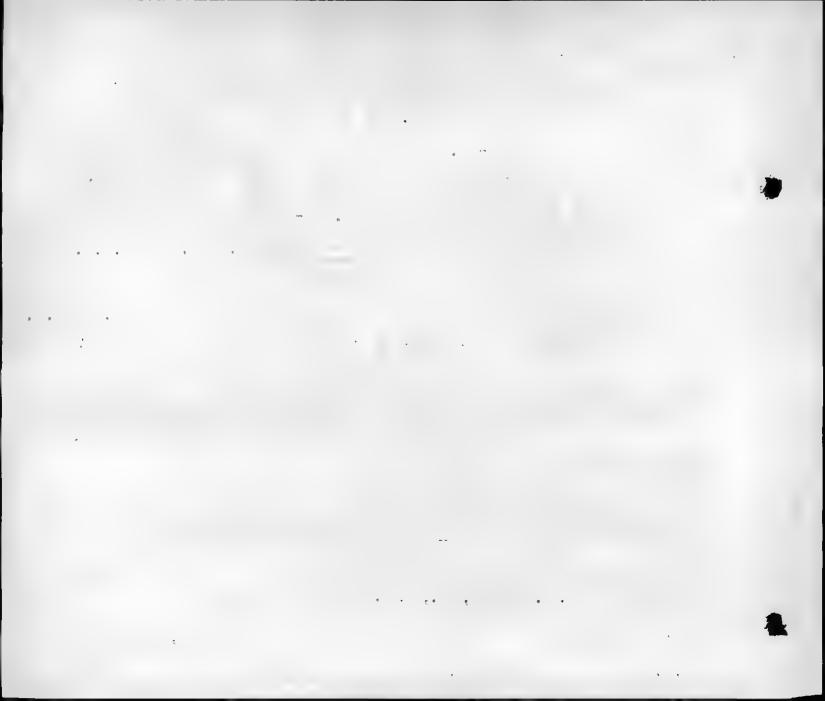
O TO CK

Frederick. Maryland

ADDRESS

24o, REC'D BY REGISTRAR 24b. REGISTRAR S SIGNATURE DATE MAR

Cirthur & House



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e, IS RESIDENCE

YES NO TEX

Year

1960

Rea. Dist. No.

Months Days

Frederick

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY?

U.S.A.

(County)

Hours

INTERVAL BETWEEN ONSET AND DEATH

Weeks

PERFORMED?

YES NO

(Stote)

DATE SIGNED

(Stote)



in by the funeral and 2 shauld be fi

Interined by the haspital ar attending physician.

I.A. DIRECTOR: After this certificate has been signed by the attending physician and campletely, should be detached for use as the burial-transit permit. Then please remove carban papers. Pastrar priar to burial, cremation, ar removal, and in for everywithin 72 haurs after death.

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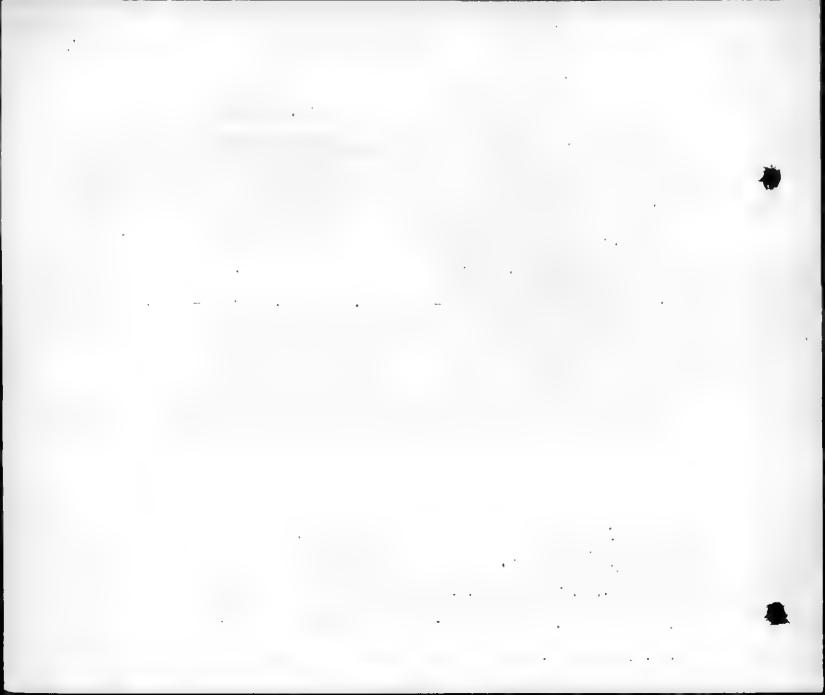
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3286

CEPTIEICATE OF DEATH

03279

	0200	CERTITICA	AIL OI DEAI	11	Reg	. Dist. No.	
1. PLACE OF DEATH o. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (W		5. COUNTY	sidence before odm Frederick	
b. CITY OR TOW RURAL and giv Frede	N (If outside corporate limits, wri re nearest town) Pick	3 Days	c. CITY OR TOWN (IF	outside corporote li		and give nearest to	nvn]
d. NAME OF HO	SPITAL (If not in hospital, give str	eet oddress)	d. STREET ADDRESS	w Market		ON	RESIDENCE I A FARMS
3. NAME OF DECEASED (Type or print)	First SAMUEL	JOSEPH	RODERICA	4. DATE OF DEATH	March	16,	Year 1960
S. SEX		ARRIED A NEVER MARRIED	B. DATE OF BIRTH	101	t birthday) Mon	NDER 1 YEAR IF UN	_
Male 10a. USUAL OCCUP during most of Labor	ATION (Give kind of work done 1 working life, even if retired)	DIVORCED DIVORCED DE BUSINESS OR INDU	July 18, 18 USTRY 11. BIRTHPLACE (Stote Maryland	e or foreign country	1	C.CITIZEN OF WHA	TCOUNTR
13. FATHER'S NAME		Padamiale	14 MOTHER'S MAIDEN	NAME Lra M. Cro	1100		
IS. WAS DECEASED [Yes, no, or unknown] NO	Augustus E. EVER IN U. S. ARMED FORCES? (If yes, ave wor or deline of service)	16. SOCIAL SECURITY NO.	informant rs. Louise H.		Address	Item #2	
PART I.	if ony, which by (b)	ir line for (0), (b), and (c).]	ie arcinos	nec		INTERVAL ONSET AN	ND DEATH
PART II. OIL OR CONTRIBUT (IF EITHER, NOT	OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERI	MINAL DISEASE CON	IDITION GIVEN IN	PART I(o) 19, WA PER YES	FORMED?
	WAS UNDERLYING 20b. IING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury is	Port Lor Port II of	item 18.)		
20c. TIME OF IN Hour o.	m, 19 W	d. INJURY OCCURRED 20e. PL nile Not while work of work	ACE OF INJURY (Home, for actory, street, office bldg., e	m, 20f. (City or to	wn]	(County)	(Sto
alive on ACTUAL SIGNATURE	that 1 attended the deco		, MIP	ADDRESS (Street, or ch Street	causes and ar	D	
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMA	R. C. Reynolds	22c. NAME OF CEMETERY C		Marylar	(City, town, or cou	inty) (Si	tote)_
BEN YAT Spec	Mar.19,1960	Mount Olivet	Cemetery	Frederi		Maryla	und
23. FUNERAL DIRECT		rederick, Maryl	and DATE	IAR 21 '60	24b. REGISTRAR	S SIGNATURE	

VS A1S (4) 1SM 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03280

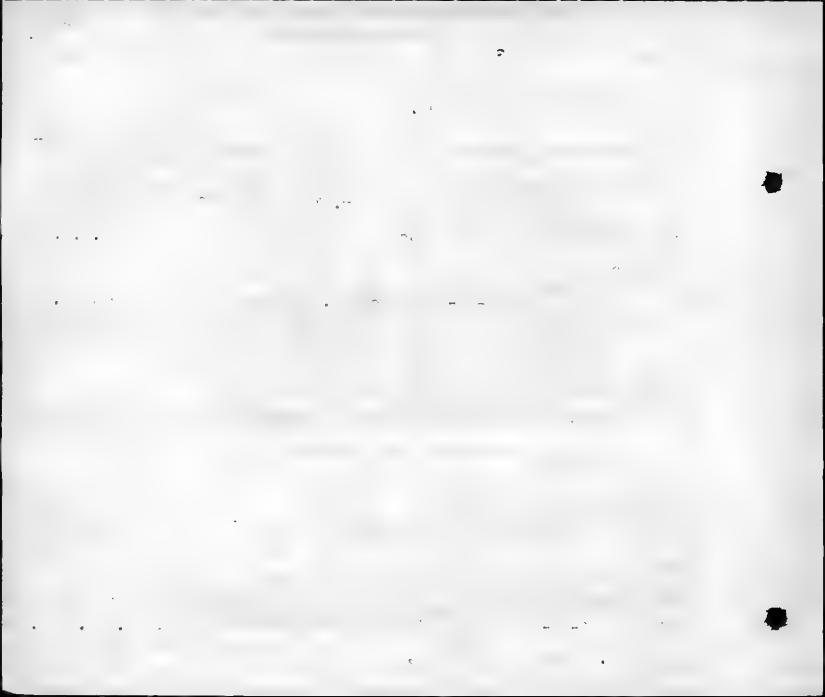
CERTIFICATE OF DEATH

3322

Reg. Dist. No.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Frederick MARYLAND	stateMaryland county Frederick
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (In this place)	CITY (If outside corporate limits, write RURAL and give neerest town)
Town Kural Mt. Airy 15 yrs.	X townkural Mt. Airy
HOSPITAL OR	STREET (if rural give location)
INSTITUTION OR STREET ADDRESS P D # 1.	R.D.# 4
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Yeer)
(Type or Print) VIRGIE L. RU	UF
VIRGIES L. RU	OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS
RACE WIDOWED, DIVORCED,	Months i Dave Maure I Min
	1 16, 1905 54 yrs. """ 545 1003 10
10e, USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
relired Housewife Domestic	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Ruby	Amanda Horton
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS Mt. Airy
(Yes, no, or unk.) (If Yes, give wer or detes of service)	Lwster P. Fritz, R.D.#4 Maryland
18. MEDICAL CI	RTIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
MMEDIATE CAUSE (A)	the total
ANTECEDENT CAUSE(S) DUE TO	Dite salies in the sales
DISEASES OR CONDITIONS, IF ANY, (8)	1000
STATING UNDERLYING CAUSE LAST. (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.	
194. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO X
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, ferm, factory, OF INJURY street, office bidg., atc.)	21c, WHERE DID INJURY OCCUR? (City or lown) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
M. While Not while at work at work	
M. While Not while at work at work	
M. While at work while at work at work at work at work at work alive on	19
M. While Not while at work at work	19 19 10 10 19 19 19 19 19 19 19 19 19 19 19 19 19
M. While at work Not while at work st work at work at work at work at work A wo	at
M. While Not while at work at work at work all work at work all work all work at work	at
M. While at work of the state of the deceased from alive on alive	M, from the causes and on the date stated above. ADDRESS (Straet, city, town, state) DATE BIGNED CREMATORY LOCATION (City, town, or county) (State)
M. While Not while at work at work at work all work at work all work all attended the deceased from alive on alive on all that death occurred signature M.D. 23. BURIAL CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OF C	ADDRESS (Street, city, town, or county) CREMATORY 19





VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

3393

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/	_			keg. Dist, No.						
		PLACE OF DEATH O. COUNTY IZEDERICK MARYLAND	2 USUAL RESIDENCE (Where deceased live o, STATE	d. If institution: Residence before admission] b. COUNTY						
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares, 100m)	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give nearest town)						
	\perp	INJUN DKINGEL JEARS	XUNION DRI	DGE						
		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTRUCTION	DIA RAL	IS RESIDENCE ON A FARM? YES NO						
	3	NAME OF First Middle	Lost 4. DATE							
		OFCEASED (Type or print) EMMA MAY SAYLE	IZ OF DEATH	MARQH 15 1960						
	5. :	6. COLOR OR RACE 7. MARRIED THEVER MARRIED DIVORCED 1	8. DATE OF BIRTH 9. A	GE (In years IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.						
	10c	. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUS	iTRY 11 BIRTHPLACE (State or foreign country	y) 12. CITIZEN OF WHAT COUNTRY						
		during most of working life, even if refired OWN HOME	MARYLAND	417						
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	,						
		WILLIAM GEISELMAN	LAURA STITELY	/						
		WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17 III	NFORMANT	Address						
		NO NONE IS	HAC N SAYLER	INION BRIDGE RURA						
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN						
		PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH							
		26 X DUE TO								
		Conditions, if ony, which) to X - C	1:11/-	6014						
		gove rise to immediate couse (a), stating the under-								
		lying couse lost.								
3	Z O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY							
4	CAT			PERFORMED?						
	CERTIFICATION	206 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of	Filem 18.)						
	ĞAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or to	own) (County) (State)						
	MEDICAL	Hour a. jt. While Not while fac	tory, street, office bldg., etc.)							
		21. I certify that I attended the deceased from 1 - H	- 19.57 to 3 1/6	, 19/						
		alive on 3-75 - 18/2/-, and that death	(1, 1-1 [7]	e causes and on the date stated above.						
		11 11 11		city or lown, stote) DATE SIGNED						
İ		ACTUAL SIGNATURE - / / FP GO	M.D. <u>[[420071</u>	Jac 36 103 116						
		PHYSICIAN'S IN H LIFE GO AND	- 66 4 12 12	Built Mit						
	220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF PIPE CR	CREMATORY 22d. LOCATION	(City, town, or county) (Stote)						
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE						
	1	"W Haiteler & Some Union Bridge	Third DATEMAR 21 '60	Certhun S. Krous						



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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deoth. Page	ed by the haspital or attending physician. IRECTOR: After this certificate has been singed by the attending physician and camplete. Led in by the funeral director.	is be detached for use as the burial-transit permit. Then piease remove carbon papers. Pages I and 2 shauld be filed with wice to burial cremation or removal and in one weet within 25 hours of the filed with
0	9 2	7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
3324 CERTIFICATE OF DEATH

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Reg.	Dist.	No.			

PLACE OF DEATH	ederick		MARYLAND		USUAL RESIDENCE (Wood, STATE		tived. If institution b. COUNTY		deric	* * *
RURAL ond give n	if outside corporate limearest town)		c. LENGTH OF STAY IN 18	×	a city or town (if Rural Pro-	·		_	ive nearest	town)
	TAL (If not in haspital, g		address)	1	d. STREET ADDRESS	and the second second second	<u> </u>		0	RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Louise 1		Middle Veihing Schwi	mer	Last	4. DATE OF DEATH	Mon Tarch		Day	Yeor 19 50
5. sex Female	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED DIVORCED		ATE OF BIRTH 12-23-1702		9. AGE (In years last birthdoy) 57 yrs.			JNDER 24 HRS
10a USUAL OCCUPATION during most of wor	king life, even if retired)	KIND OF BUSINESS OR INCOME. Home	DUSTRY	11. SIRTHPLACE (Stole	_	ountry)		ZEN OF WH	IAT COUNTRY
13. FATHER'S NAME			O-11 1101.10	14	MOTHER'S MAIDEN				PARE	
Wartin W	eihing				Imma Ei	sehhar	lt			
15 WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give wear or detes of s	ervice)	SOCIAL SECURITY NO.		mant en'n Schwime	er- Rt	Add		- 'd.	
Conditions, if a gove rise to it cause (a), stating lying cause last.	the under-		ith genera	liz	ad meta	ylan	'		2.	yr.
CATIC			CONTRIBUTING TO DEATH 8					EN IN PART	PI	VAS AUTOPSY ERFORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)									
20c. TIME OF INJUI Hour s.m., p.m.	RY Month, Doy, Ye	or 20d. II While of wor	Not while	PLACE (foctory,	OF INJURY (Home, for street, office bldg., et	m, 20f. (City	or town)	(C	County)	(State
21 I certify that alive an	nat I attended the		ed from Mov,		, 19 <i>59</i> , ta 2 curred at 1, :15					
ACTUAL SIGNATURE	Jenny 1	/. (Chose	M.D.	1		church S		3/0	DATE SIGNED
PHYSICIAN'S NAME (Type)	Dr. H.V.Cha	ase		urenoru.	The second secon	Preder	<u> lo't- "ar,</u>	land		
220 BURIAL, CREMATIC REMOVAL (Specify			22c. NAME OF CEMETERY				t Myer - V	* * *		(Stote)
23. FUNERAL DIRECTOR		181	ADDRESS		24a. REC	D 8Y REGIST	RAR 24b. REGIS	TRAR'S SIC		
THANK	1 A Tille	47	7 Frederick-	F.13.113	LANG DATE M	AP 3 0 '6	0 0-:	Thur I	FLEAUA	



CERTIFICATE OF DEATH

	3283	CERTIFICA	TIL OF PLATE	•	Reg. Dist. I	No.
o. COUNTY Free	lerick	MARYLAND	2. USUAL RESIDENCE (WAR O. STATE Maryl.		institution: Residence bounty Freder.	
b. CITY OR TOWN (I RURAL and give no Frederic	f outside corporate limits, write carest town) C	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporate limits,	write RURAL and give	nearest fown)
d NAME OF HOSPIT	AL (If not in hospitol, give street	et oddress)	/d. STREET ADDRESS 232 E	ast Fifth S	treet	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	JOHNNIE	Middle CORNELIA	SHEWBRIDGE	4. DATE OF DEATH	Month March	Day Year 26, 19 6
Female	5000 4 1 .	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 14 June 1892	9. AGE (In lost birt 67		SAR IF UNDER 24 HI ys Hours Min
during most of worl House-Wol	ting life, even if retired)	At Home	STRY 11. BIRTHPLACE (Stote Maryland			USA
Johnnie I	lunberger		14. MOTHER'S MAIDEN N			
5. WAS DECEASED EVE	R IN U. S. ARMED FORCES?		nformant cs. Mary L. L		. ARegister more 31, M	
Couse (a), stating lying couse lost. PART II OTH	(c)	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITIO	ON GIVEN IN PART 1(c	PERFORMED?
PART II OTH	☐ CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port 1 or Port II of item	18.)	YES NO
20c. TIME OF INJUR Hour o. m. p. m.	MEDICAL EXAMINER) Y Month, Doy, Year 20d. While the state of white of white state of white state of the stat	le Not while for	ACE OF INJURY (Home, formationy, street, office bldg., etc.	20f. (City or lawn)	(Coun	rty) (Stol
21. I certify the	at I attended the deced		accurred at 12:4			
ACTUAL SIGNATURE	for km	Partin	M.D 220 N. Maj		28 1	March 196
NAME (Type)	Rex R. Martin, N, 22b. Date THEREOF 3-29-60	M. D. 22c, NAME OF CEMETERY O Mount Olivet		22d. LOCATION (City,	town, or county) Maryland	(State)
3 FUNERAL DIRECTOR	s signature ilson & Son, Fr	ADDRESS ederick, Maryla	24a. REC'		Orthur 8. 1	

DEFITAL OR ATTENDING PEYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 be relatived by the hospital or ottending physician.

SECOND RECEION: After this certificate has been signed by the attending physician and complete, filed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remarks chan papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remardly and in any event within 72 haurs affly death. VS A15 (4) 15M 9/58

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0	MEDICAL CERTIFICATION

	- 3Z83		CERTIFICA	TE OF DE	4111				
PLACE OF DEATH o. COUNTY	rederick		MARYLAND	CT 4 TC	ce (Where deced	b. COUNTY	Howard	_	On)
b CITY OR TOWN RURAL ond give	(If outside corporate limited and the corpor	ts write c LEN	IGTH OF STAY IN 16		`	porote limits, write R	_	arest fown)	1
OR INSTITUTION	PITAL (If not in hospitol, gorick Mem.			d STREET ADD		it. Airy		o IS RESI	DENCE FARM? NOX
3 NAME OF DECEASED (Type or print)	RAG	-PH	Middle	SHIPLEY	4. DAT	0	h - 15	-	96 O
s. sex Male	% COLOR OR RACE	7. MARRIED WIDOWED	DIVORCED	B. DATE OF BIRTH July 9,	1902	9. AGE (In years lost birthdoy) 57 yrs	Months Days	Hours	R 24 HR Min.
during most of w	TION (Give kind of work prking life, even if refired 12nic	done 10b. KIND C				Md .	12.CITIZENO	FWHATCO	DUNTRY
13. FATHER'S NAME W11	Liam A. Sh	ipley		14 MOTHER'S MA	aiden name rio Dom	psey			
15 WAS DECEASEDE	VER IN U. S. ARMED FOR	218-1		NFORMANT	an F. S	Add	Mt. Aj	cy, N	/d.
PART I. D 33/X Conditions, if gove rise to couse (o), statin lying couse los	g the under-	Cerel		ar Accd	evit			TERVAL BET	
ZOO ACCIDENT	VAS UNDERLYING DEATH	with blo		sphageal	Varices	,	/EN IN PART 1(o)	19. WAS A PERFOR	NO NO
Oc. TIME OF INJ. Hour o m	10	While N		LACE OF INJURY (Horoctory, street, office bl		City or fown)	(County)	(Stol
21. I certify ti		Regnet	960 and that	M.D ATTENDING PHYS 27d. ADDRESS	1860, 10 bi730M, fro MED. DIRECTOR rederic	m the couses or	, 196 D. t		,
236 BURIAL, CREMAT REMOVAL (Speci Burial			plar Spr		_	cation (City town,	.,	Md .	•)

Damascus, Md.

MAR 2 1 '60

DATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cert frate be executed within 24 hours after death. Page 4 in by the funeral director, and 2 shauld be filed with in any event, within 72 hours after death and campletely new revained by the haspital or attending physician.

Fr. RAL DIRECTOR: After this certificate has been signed by the attending physician page 3 should be detached for use as the burial-transit permit. Then please remave cart the State Board of Health prior to burial, crematian, ar remaval, and in any event, within 707 VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2200

M. R. Ftchison & Son, Frederick, Maryland

CERTIFICATE OF DEATH

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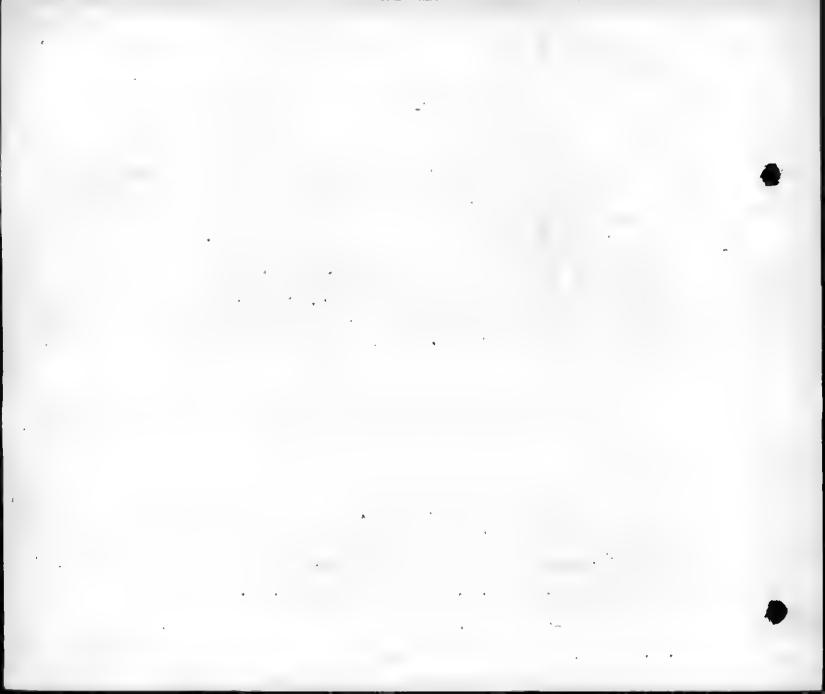
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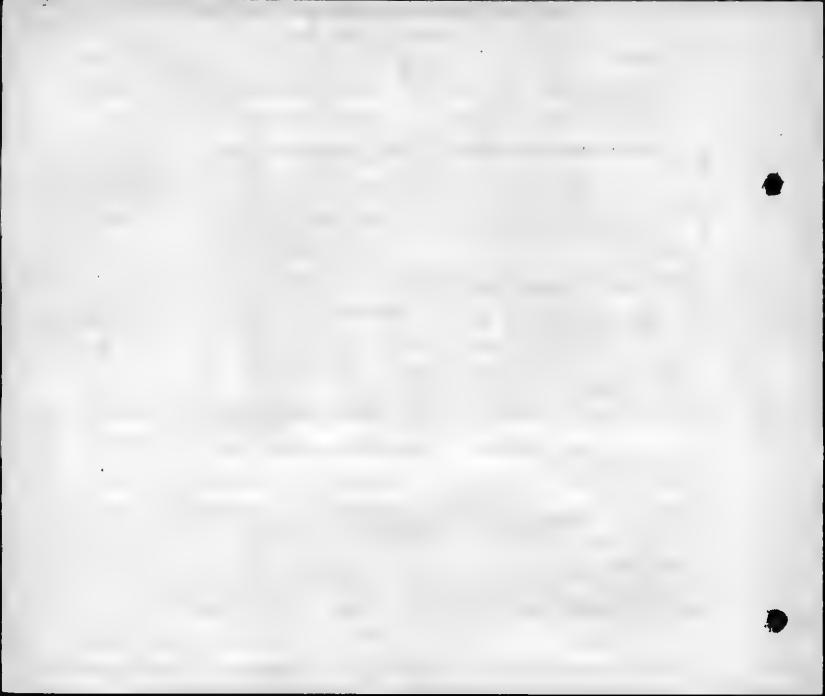
DATE APR 1

	0200	CERTIFICA	AIL OI DLAII		Reg. Dist. No.
1. PLACE OF DEATH 0. COUNTY Fre	ederick	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Maryla	nere deceased lived If institution b. COUNTY	r: Residence before admission)
b. CITY OR TOWN RURAL and give Freder	N (If outside corporate limits, wr e neprest town) LCK	since 3-21-60		outside corporate limits, write RU	RAL and give nearest town)
d. NAME OF HO	SPITAL (If not in hospital, give st Nick Memorial Ho	reet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	First HENRY	GOLDSBORO	STAUFFER Lost		March 29, 1960
s. sex Male	7075 2 . 4	WARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 15 Feb 1890		Months Days Haurs Min
Retired	ATION (Give kind of work done working life, even if retired) ATM Tenant	10b. KIND OF BUSINESS OR INDU	STRY II BIRTHPLACE (Shote Walkersvi		12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME Clay Sta	uffer		14. MOTHER'S MAIDEN N		
15. WAS DECEASED (Yes, no. or unknown)	EVER IN U. S. ARMED FORCES? (If yes, give wer or dates of service)		informant 11iam C. Stau	ffer (Same as i	
Conditions, i gove rise to couse (o), stoli lying cause lo	immediate DUE TO	per line far (a), (b), and (c).] Duodenas	ulcer,	, Benign	INTERVAL BETWEEN
200 ACCIDENT		DESCRIBE HOW INJURY OCCURRE			N IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
(IF EITHER, NOT	JURY Month, Day, Year 20 m. Vegr No. 10		ACE OF INJURY (Home, farm actory, street, office bldg., etc		(County) (State
21. I certify alive on	that I attended the dec 8 Maille . 1	reased from 25 Mas. 19 20 , and that death	n accurred at 7:05.	M. fram the causes and ADDRESS (Street, city or town, standard Center	hat I last saw the decease I an the date stated above DATE SIGNE 30 March 1960
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMA	Melvin E. Lea,	M. D.	Frederick,	Md.	republic Child
Burial Spec	4-1-60	Glade Cemete	ry	Walkersville,	Maryland
ZI PUNEKAI DIVE/T	OR'S SIGNATURE	ADDRESS	DAL DEC!	D BY DECICTORD DAL DECICE	PAR'S SIGNATURE

TO F VS A15 (4) 15M 9/58



		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
		3201 CERTIFICATE OF DEATH	()328' Dist. No.
11 ,	١.	PLACE OF DEATH COUNTY lence before admission)	
		CITY OR TOWN (If outside corporate limits, write RURAL on RURAL ond give pearest town)	d give nearest town)
).1		1. NAME OF HOSPITAL (If not in hospital, give street oddress) OR MISTITUTION 1. OF ELLA K. HEMERICAL HESS, 7 LEET ADDRESS 1. LEET ADDRESS 1. LEET ADDRESS 1. LEET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED Type or print) Patricia Treve Since DEATH VIGYCH	Day Yeor
	5. {	Ernale white widowed Divorced Teheilany & Mile last birthday) Month	ER 1 YEAR IF UNDER 24 HRS Days Hours Min.
	100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Maryland	CITIZEN OF WHAT COUNTE
		MY. Earl Edward Stines "Himes (ATGERIA)	Elizabe =
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (1) yea, gave wor or doing of service) (1) yea, gave wor or doing of service) (2) Address (3) THER MES, EARL.	7/22
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (o), stating the under- lying couse last. (c)	INTERVAL BETWEEN ONSET AND DEATH TOUR HA
0	CATION	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III.	ART I(o) 19 WAS AUTOPSY PERFORMED? YES NO
	L CERTIF	20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 Of work of work 19 of work 19	(County) (State
		21. I certify that I attended the deceased from 2/25, 1960, to 3/1, 1960, that alive on 3/1, 1960, and that death occurred at 7.3/1 M, from the causes and on ADDRESS (Street, city or lownr, state) ACTUAL SIGNATURE (MINDS). INDMOD M.D. PLEA ERICLE SIGNATURE M.D. PLEA ERICLE ACTUAL SIGNATURE ACTUAL SIGNATURE M.D. PLEA ERICLE M.D. PLEA ERICLE ACTUAL SIGNATURE M.D. PLEA ERICLE M.D	I last saw the decease the date stated above DATE SIGN
1	L	PHYSICIAN'S JAMES & Thomas	
	220	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country P.J. 1711.	
3		FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S	CLEAR ATTIBE



else and on by the funeral director, Pages 1 and 2 should be filed with

after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

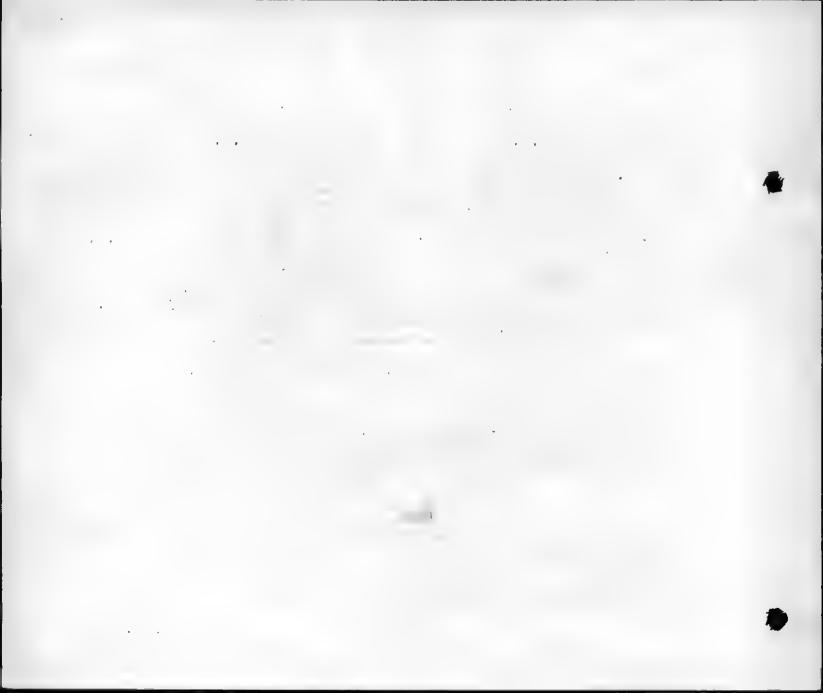
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Pen Dist No

	0040				Keg. Dis	11. 140.
	PLACE OF DEATH O. COUNTY OF THE DETICK	MARYLAND	2. USUAL RESIDENCE (Who a. STATE lyid			ederick
	b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RUPAI — Centerville	c. LENGTH OF STAY IN 16	X Rural=	utside corporate lim Centerv		rive nearest town)
,	d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION IJEANSVILLE - F.O.		d. STREET ADDRESS Ijans vill	e F.O.		e. IS RESIDENCE ON A FARM? YES NO
	3 NAME OF First DECEASED (Type or print) . William	Middle Th	on son	4. DATE OF DEATH	Month 3	26 Year 26 19 60
	5. SEX 6. COLOR OR RACE 7. MARRI C WIDOWE		B. DATE OF BIRTH July 4-18	lost		1 YEAR IF UNDER 24 HRS Days Hours Min.
	100 USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired) Car enter	IND OF BUSINESS OR INDUS		or foreign country) .ck=C0 1.		J.S.A.
	13. FATHER'S NAME	·	14. MOTHER'S MAIDEN N	IAME		
	LLoyd Thompson		Daffayne	Chase		
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S [Yes, no, or unknown] [If yes, give wor or dates of service) 22	0 -0 -11	NFORMANT George Thom		jam tdavil l ederick (
	Canditions, if any, which gave rise to immediate cause (a). Stoling the under lying couse lost. PART 11 OTHER SIGNIFICANT CONDIT ONS CO.	DNTRIBUTING TO DEATH BUT	Head NOT RELATED TO THE TERMI	Di Sens	DITION GIVEN IN PART	ZO-30 yr
Ŷ	for	RIBE HOW INJURY OCCURRE	C. (Enter nature of injury in I	Part I or Part II of it	tem 18.)	YES NO D
	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a. m. While		ACE OF INJURY (Hame, form tory, street, office bldg., etc.		n) (C	County) (State)
1	21. I certify that I attended the decease olive on Manh 21, 19 6 ACTUAL SIGNATURE ROLL A ME PHYSICIAN'S NAME (Type) Roll by Manh 1990	o mont , g. general	occurred at IL	M, from the co	ouses and an the	st sow the deceosed dote stated above. DATE SIGNED
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (C	ily, town, or county)	(State)
	Juri 1 3-29-60	Ebernceze			rica. C.	
	23. FUNERAL DIRECTOR'S SIGNATURE L'. E. HICKS III FI	ederick, hd	DATE AR	BY REGISTRAR	246. REGISTRAR'S SIC	

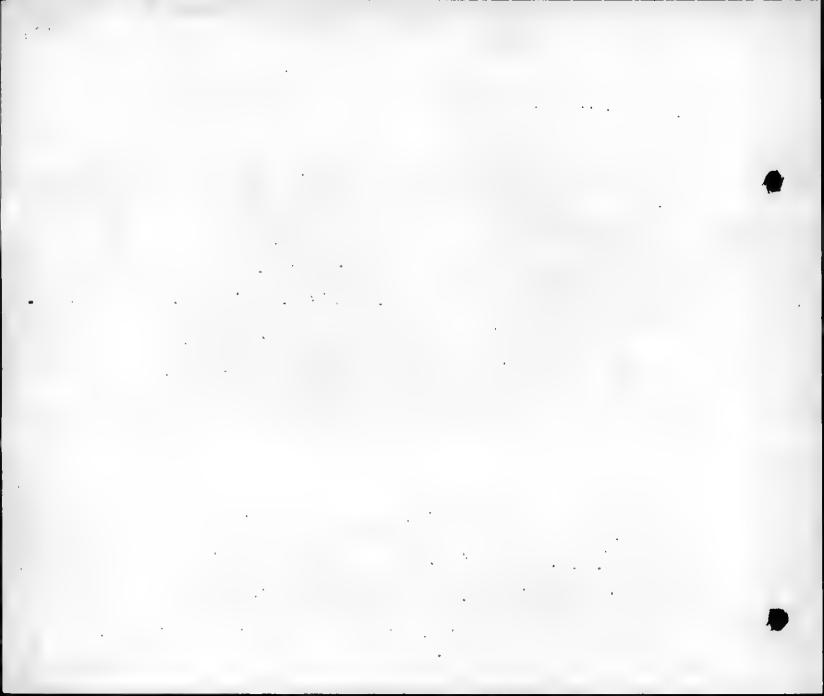
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 RAL DIRECTOR: After this certificate has been signed by the attending physician and campletely should be detached for use as the burial-transit permit. Then please remove coekan papers. Pa page 3 should be detached for use as the burial-transit permit. Then please remay the registrar prior to burial, crematian, ar removal, and in any event within 72 hay retained by the hospital ar attending physician. 2 VS A15 (4) 15M 9/5B



e 4	,	PLACE OF DEATH
n director, filed with	1.	COUNTY
	<u> </u>	Frederic
era be-	١,	 CITY OR TOWN (If autside carpo RURAL and give nearest tawn)
offer de	K	<u>ural Burkittsv</u>
sho sho		 NAME OF HOSPITAL (If not in he OR INSTITUTION
and 24 haurs after death. Poge 4 death in by the funeral director.	L	
	3.	NAME OF
22 2		(Type or print) いまつ
Pages	5 :	(Type or print) Wa]
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comple papers.	10a	
no pi		. USUAL OCCUPATION (Give kind a during most of working life, even i
o de de		farm owner
e be sarbit of affer	1.3.	FATHER'S NAME
sic of		William Thra
physici physici phove hour		WAS DECEASED EVER IN U. S. ARN 1, no, or unknown) [(If yes, give war or
es that the deoth certifical ed by the attending physic rmit. Then please remove ony event within 72 hour	_	no
eoth endi leas thin	Г	18 CAUSE OF DEATH [Enter onl
e d t with		PART I, DEATH WAS CAUS
the at Then Then event w		4201
الله الله الله الله الله الله الله الله		Canditions, if any, which
uires the gned by permit. in ony t		gave rise to immediate (
D 0 0 0		cause (a), stating the <u>under-</u> (lying couse last.
reign ansi	ž	PART II OTHER SIGNIFICAL
5 4 2 1 5 ()	CERTIFICATION	
The bar	5	20a. ACCIDENT WAS UNDERLYING
Z e de r	ERT	OR CONTRIBUTING [] CAUSE OF
CIA High and		
or o	MEDICAL	20c. TIME OF INJURY Manth, D Haur a.m.
this in the second	Æ	p. m.
ENDING PHYTICIAN: The low require the hospitol ar ottending physician. R: After this certificate has been signs oched for use as the burial-transit perburial, cremation, ar remaval, and in		21. I certify that, attende
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OR: OR: defoc		alive an 3/2
d by the ECTOR: se detoc or to bu		ACTHAL S
uned by the DIRECTOR: old be defocited by prior to but to		ACTUAL SIGNATURE
retained by the CAL DIRECTOR: Should be detoc itrar prior to bu		ACTHAL S
pertal of attending physician: reference by the hospitol or ottending physician. *ERAL DIRECTOR: After this certificate has been sis 3 should be detoched for use as the burial-transit egistrar prior to burial, cremation, ar remaval, and	220	ACTUAL SIGNATURE SIGNATURE PHYSICIAN'S NAME (Type) Dr. Ker
O HOPPITAL OF ATTENDING PHYBICIAN: The low requires that the deoth certificate be executed within 24 haurs after death. Page of SAMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely and in by the funeral director page 3 should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be, filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.	220	ACTUAL SIGNATURE SIGNATURE PHYSICIAN'S NAME (Type) Dr. Ker

0 VS A15 (4) 15M 9/58

		UUL				·	R	eg. Dist. No.	
	PLACE OF DEATH		-	2.	USUAL RESIDENCE (W	tere deceased live	d. If institution:	Residence befo	re admission)
	Frederick		MARYI	LAND	o. STATE ME	ryland	b. COUNTY	Freder	cick
	 CITY OR TOWN (If autside carporate lie RURAL and give nearest tawn) 	nits, write	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (If	autside carporate i	imits, write RURA	L ond give nec	arest town)
R	ural Burkittsvil	le	years	>	Kural E	Burkitts	sville		
	d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION	give street	address)		d. STREET ADDRESS				e. 15 RESIDENCE ON A FARM? YES MO
3.	NAME OF	irst	Middle		Lost	4. DATE	Month	Da	y Year
	(Type or print) Walte	r	F.	Th	rasher	OF DEATH	3	(6 1960
5	SEX 6 COLOR OR RACI	7. MAR	RIED NEVER MARRIE	D 🔲 B. D	ATE OF BIRTH	9 A-		Onlhs Days	Hours Min.
	male white	WIDOW			2/8/1899		ol yrs.	Onlins Days	nours Min,
10c	 USUAL OCCUPATION (Give kind of world during most of working life, even if retire 	d)		RINDUSTRY			1)		F WHAT COUNTRY
	farm owner		farm		Maryla			U.S.	
13.	FATHER'S NAME			1	4. MOTHER'S MAIDEN				
_	William Thrash			100	Ella Mill	Ler			
	WAS DECEASED EVER IN U. S. ARMED FO n. no, or unknown) (If yes, give war or dates of NO		SOCIAL SECURITY NO.	lirs	RMANT Helen Th	rasher	, Burki	ttsvi	lle, Md
	18 CAUSE OF DEATH [Enter only one		ne for (a), (b), and (c).			00		INTI	ERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE	(a)_(l	cute C	to.	nary (Melus		3	-4 min
	420.1 DUE 1	0 4	2	?	(S.I.	. 1		11	en besoner
	Canditions, if any, which) gave rise to immediate ((b)	eneral	nec	curter	osch	osis	-	
	cause (a), stating the under-	0		0					
z	PART II OTHER SIGNIFICANT CO	(c)	CONTRIBUSTING TO DEA	THE BUILT NO	T DELATED TO THE TERM	INIA. DISEASE COL	NDITION CIVEN	INI DART NOVI 1	VZQCT IA ZAW. G
CATIO	PART II OTHER SIGNIFICANT CO							IN PART I(d)	PERFORMED?
CERTIF	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER	4	CRIBE HOW INJURY OF	CCURRED (I	inter nature of injury in	Part I ar Part II al	Fitem 18.)		
₹	20c. TIME OF INJURY Manth, Day, Y			20a. PLACE	OF INJURY (Hame, fare, street, affice bldg., etc.	n, 20f. (City or k	own)	(County)	(State)
MED	p. m. 19	While at war		,					
	21. I certify that attended th	e deceas	ed fram 8//		, 19. 57 , to	3/2	, 1960, the	at I last sav	v the deceased
	alive an 3/2	, 19_	6 D and that	death ac	curred at 1:34	⊘ _M, from the			stated abave
	- a	7 10 -	plc -		1.	ADDRESS Street,	city or lawn, stal	(0)	DATE SIGNED
	SIGNATURE SIGNATURE	7 (0	Huran	M.D	my	allto	va	rd	3/1/60
	PHYSICIAN'S Dr. Kenne	th H	enson		Middle	etown,	Md.		//
220	BURIAL, CREMATION, 226. DATE THERE	OF	22c. NAME OF CEME	TERY OR C	REMATORY	22d. LOCATION	(City town, ar c	cunty)	(State)
	burial 3/9/19	60		Vie	v Cemeter	Fred	erick (O. M	d.
23.	FUNERAL DIRECTOR'S SIGNATURE	3.62.3	ADDRESS	1.1.2		D BY REGISTRAR		AR'S SIGNATU	
	Gladhill Co.,	LLQ	aletown,	rid.	DATEAL	1 0 '60	Chillian	S. Thank)



FO VS A15 (4) 1SM 9/SB 03290

327	CERTIFICATE	OF	DEA	TH
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L			CLKIII	CAI	L OI DLAII		Reg. Dist.	No.
	• county Frederick	ζ.	MARYL	31	o. STATE Virgi	nia b COUNT		before odmission) udoun
	B CITY OR TOWN (If outside corporate RURAL and give negrest town) 1 1	limits, write	3 yrs	4 IP	c CITY OR TOWN (IF or Lee 8 h	itside corporate limits, write	RURAL and giv	re nearest town)
	d. NAME OF HOSPITAL (II 191 in hospi	pitaj	address)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
-	NAME OF DECEASED (Type or print) Horatio	First	Middle H	Trun	dle	4. DATE March	12	Day Year 19 60
	Male 6. COLOR OR R. White	ACE 7 MAR WIDOW	RIED NEVER MARRIED		Nov 28 186	9. AGE (In year last birthday) 93 yr	Months D	YEAR IF UNDER 24 HRS lays Hours Min.
1	On. USUAL OCCUPATION (Give kind of volume most of working life, even if re	stred)	KIND OF BUSINESS OR	INDUSTRY	Lee abur		US.	A PHAT COUNTRY?
Ī	3. FATHER'S NAME			1	4. MOTHER'S MAIDEN N	AME		
ı	Horatio Trundle	3			Elizabeth	Travers		
1	S. WAS DECEASED EVER IN U. S. ARMED (Yes, no, or unknown) (If yes, give way or dot	FORCES? 16.	SOCIAL SECURITY NO		mant . H. H. Tr		leesbu	rg, Va.
	Conditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause lost.</u>	(b)	Generaliz	ed A	ic Heart I	rosis		20 yrs
	PART II. OTHER SIGNIFICANT PART III. OTHER SIGNIFICANT 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE OR CONTRIBUTING CAUSE OF DE OF CONTRIBUTING CAUSE OF DE					ort t or Part II of item 18.)	GIVEN IN PART	1(0) 19 WAS AUTOPSY PERFORMED? YES NO
		(ER)		course to	and noise of mary m.			
1	20c. TIME OF INJURY Month, Doy, Hour o. m. p. m.	Year 20d, 1 While at wo	Not while	De. PLACE factory	OF INJURY (Home, form, street, office bldg., etc.)	20f. (City or town)	(Co	unity) (State)
	21. I certify that I attended alive an March 12	the decease			curred at 7 • 30°	arch 12, 196 M, fram the causes of DDRESS (Street, city or tow	and an the	date stated above. DATE SIGNED
l	PHYSICIAN'S Joseph L	1/1 /	M.D.	1 MD	Ijar	nsville Md.		March 1 1950
F	NAME (Type) OSE DIT 1					204 LOCATION (5th, have		
ľ	PEMOVAL (Specify)	ar.60	22c. NAME OF CEMET		REMAIORY	22d. LOCATION (City, fown	Va.	(State)
2	FUNERAL DIRECTORS SIGNATURE	056	THE MARKET	E F	DATE M	BY REGISTRAR 246. REG	SISTRAR'S SIGN	



director PLACE OF DEATH o. COUNTY Frederick filed b CITY OR TOWN (If outside corporate limits, write Frederick-Rural plaads d. NAME OF HOSPITAL (If not in haspital, give street address) Ridge Road-Braddock Heights Ξ ā 30th

MARYLAND c. LENGTH OF STAY IN 16 Since-1949

o STATE Maryland Frederick

c. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)

b. COUNTY

2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)

d STREET ADDRESS

Ridge Road-Braddock Heights

B. IS RESIDENCE ON A FARM? YES NO.

03291

	DECEASED (Type or print)	ELI	NOR	Middle	WARE	OF DEATH	Ma	rch	24,	,	9 60
5	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	8. DATE OF BIRTH			IF UNDE	RIYEAR	IF UNDE	R 24 HRS
]	Female	White	WIDOWED [DIVORCED	4 March 1911		lost birthday) yrs.	Months	Doys	Hours	Min
10	o. USUAL OCCUPATIO	N (Give kind of work o	one 10b KIND C	OF BUSINESS OR INDU	JSTRY 11 BIRTHPLACE (Stote	or foreign c	country)	12.CI	TIZEN OF	WHATC	OUNTRY?

during most of working life, even if retired)
Professor

Hood College

Geneva, New York 14. MOTHER'S MAIDEN NAME

USA

Reg. Dist. No

Frederick

13. FATHER'S NAME

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attending

certificote

DIRECTOR

detached to to buriat,

D

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Walter C. Ware

Zaida Quick INFORMANT

Address

15. WAS DECEASED EVER IN U. S. ARMED FORCES? No

16. SOCIAL SECURITY NO. 220-30-9305

Miss Elizabeth L. Towle (Same as item #1)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.

DUE TO

18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN: PART 1(d)

Doy.

20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)

PERFORMED? YES NO

INTERVAL BETWEEN ONSET AND DEATH

200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY

o. m.

20d. INJURY OCCURRED Not while al work al work

20e. PLACE OF INJURY (Home, form, 20f. (City or lown) factory, street, office bldg., etc.)

(County)

(Stote) March 24196 Uthat I last saw the deceased

21. I certify that I attended the deceased from

ADDRESS (Street, city or lown, state) 228 N. Market St.,

Frederick, Md.

DATE SIGNED March 1960

(State)

PHYSICIAN'S NAME (Type)

ACTUAL SIGNATURE

Ö

CERTIFICAT

MEDICAL

L. R. Schoolman, M. D. 22a. BUR AL, CREMATION, 22b DATE THEREOF 3-25-60

22c. NAME OF CEMETERY OR CREMATORY

Marchi

__, and that death accurred at_

22d LOCATION (City, town, or county) Taunton, Massachusetts

23. FUNERAL DIRECTOR'S SIGNATURE

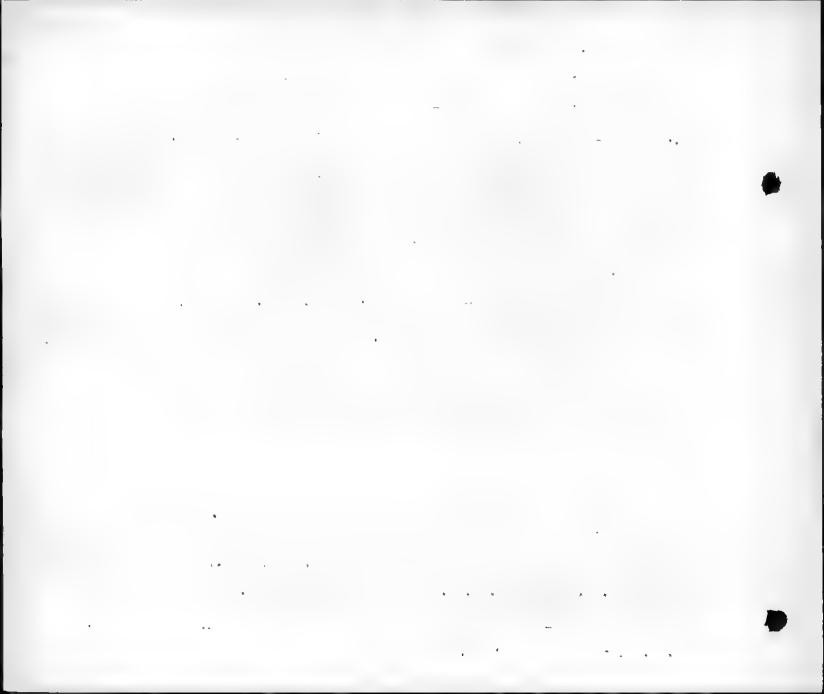
M. R. Etchison & Son, Frederick, Maryland

24g, REC'D BY REGISTRAR DATEMAR 2 8 '60

24b. REGISTRAR'S SIGNATURE Cotting & King

M, from the causes and an the date stated abave.

0 VS A15 (4) 15M 9/5B



VS. A15ME 5M 2/57

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ŀ	FIE	O A	R	\$1 H	A	TI	T.
uid be mecufed within 24 hours offer means. If any deloy is necessory, prease 📑	in pencil in Hem, 18. Give Pages 1, 2, and 3 to the funeral director. Page and	s Office along with form PM3. Page 5 may retained for your files.	al-tronsit permit. File pages 1 and 2 with State Board of Health	, or removal, and in any event within 72 hours ofter death		I	· × /
0	.c	ner	be	0			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

-		7 7	-									
1.	PLACE OF DEATH	ederick		MAR	YLAND	c. STATE	'	Tand		institution: DUNIY	Residence be Freder	elore adm ss.ar)
	ond give regress town)	outside corporate fimilis, wrig	RUPA.	c LENGTH OF STAY	IN 1b	c CITY OR	TOWN (If	outside corp	orate I mits,	write RUR	AL and give n	nearest lown)
	Frederick-	Rural		Minutes	3	10	Fred	lerick				
	NAME OF HOSPITA	E OF INSTITUTION (F	nat in hos	pital, give street addre	155)	d. STREET A	DORESS					ON A FARMS
		rth Of Fre	deric		15		108		9th St	reet		YES NO
	NAME OF DECEASED (Type or print)	ROBE		LEE RO	Y	WHEE		4. DATE OF DEATH	0.00	rch	14,	1960
5. 5	SEX	6 COLOR OR RACE	7 MARRIE	D NEVER MARRI	ED 🔲 8 C	ATE OF BIRTH			9. AGE (In you	ion IF		IF UNDER 24 HRS
	Male	White	WIDOWED	DIVORCED	Ja	anuary	2, 19	32	28 thday	yrs. Mc	onths Days	Hours Min.
	usuat occupation during most of working Salesman	N (Give kind of work of life, even if retired)		IND OF BUSINESS OF Itomobiles	NDUSTRY		hio	or foreign c	ountry)		12. CITIZEN O	F WHAT COUNTRY
13.	FATHER'S NAME	Unknown				4. MOTHER'S			eeland			
	WAS DECEASED EVE	R IN U. S. ARMED FOI	CES? IA	30-26-3975	17 INF	ORMANT			Ac	Idress		-
JYe	Yes	Korean Con	flict		Mrs	. Wilma	. Jear	Whee	land,	Dick	ersen,	Maryland
		H [Enter only one cou							A 1000 P		INTE	RVAL BETWETA SEE AND DEATH
	PART F DEAT	H WAS CAUSED BY: MAMEDIATE CAUSE (a)	CRUSI	HED SKULL I	WITH I	DISTRUC	TION	OF BR	ALN			Instant
	8/3/	DUE TO	Consel	had Chast								11
	Conditions, if on		Crusi	hed Chest								
	gave rise to immed ja), stating the u cause last.	D. CHAR YOU	Mult:	iple_Fract	ures			-				11
CERTIFICATION		ER SIGNIFICANT CON								Y GIVEN		PERFORMED? YES NO I
ERTIF	20g. EXTERNAL CAU	TRIBUTING E.		HOW INJURY OCCU				I I or Port II	of item 18)			
	CAUSE OF DEATH.		-	an Be h eath	146				<u> </u>			y.
MEDICAL	20c. TIME OF INJUR		While	Not while	factors	, street, affice	fome, form bldg., etc.	3 ()		0	(County)	(State)
18	2:15		OO at wo	ek of work	High							derick,Md
	21. I certify th	ot I took chorge	of the r	emoins describe	ed obove	e, held on	Autops	y 🔲 , 🔢	rspection	11.	nquiry 🥼	and in my
	opinion death	resulted from: 1	Notural d	ouses 🔲, Acc	ident 🗓	K Suicide	e 🔲, 🗆	Homicide	, Un	determi	ined monni	er 🔲
		2001										DATE SIGNED
	ACTUAL SIGNATURE	deter	Z-z-Z	22/_		M.D. CHIEF N	EDICAL EX	AMINER [DATE SIGNED
	EXAMINER'S							AL EXAMINE				121 12010
		. O. Thoma	s, M.	D		DEPUTY	MEDICAL	EXAMINER	1		3,	/山/1960
220	REMOVAL (Specify)	N. 226 DATE THEREC	F	22c. NAME OF CEME	TERY OR C	REMATORY		339 TOCY	TION (City, 1	gwn, or co	ounty)	(State)
	Removal	3/14/1960							over		Ir	nd <u>i</u> ana_
23.	FUNERAL DIRECTOR		Tiles -	ADDRESS		a		D SY REGIST		_	IR'S SIGNATU	_
	M. H. Etch	ison & Son	, rre	derick, Ma	тутап	Q.	DATE MA	VR 15'6	U	Onthe	un S. Tha	ALA.



VS A15 (4) 15M 9/5B

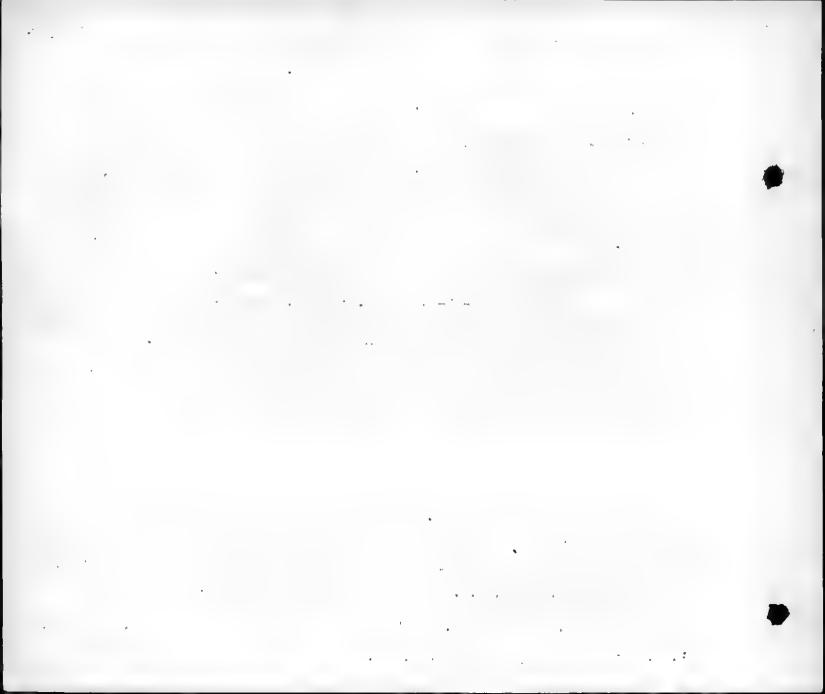
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director,	1)
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2202

CERTIFICATE OF DEATH

	UA	لياد في							Reg. Dist. No	D	
1. PLACE OF DEATH	ederick		MARYLA	11	a. STATE		ere deceased ti yland	ived. If institution b. COUNTY	r: Residence bef		1
b CITY OR TOWN (RURAL and give no Frederic	f outside carporate limi orest town)	ts, write	5 Weeks	11b	c. CITY OR TO		ferson	e limits, write RU	RAL and give no	earest town)	
OR INSTITUTION	AL (If not in hospitol, g Memorial H	_			d. STREET ADD	ORESS				e. IS RESIDE ON A FA YES N	
NAME OF DECEASED (Type or print)	HARF		Middle FRANCIS	3	WICKH.	AM	4. DATE OF DEATH	March		lay Year	60
5. SEX	6. COLOR OR RACE	WIDOWE		M	oate of sirth larch 23		92	os birthday) yrs.	Months Doys		Min.
100 USUAL OCCUPATION during most of work Farming	ON (Give kind of work a king life, even if retired	done 10b.	Farm Owner	INDUSTRY	Y 11. BIRTHPLAC	E (Stote Mar y	or foreign cour land	itry)		JSA	NTRY?
13. FATHER'S NAME				1	14. MOTHER'S M	AIDEN N	IAME				
Rob	ert Francis	Wic.	kham	-	A:	nnie	McKen	ile			
15. WAS DECEASEDEVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of a	legione	SOCIAL SECURITY NO. 20-34-1059		Mabel l	M. W	iekham-	Same as		2	
	ATH [Enter anly one co TH WAS CAUSED 8Y: IMMEDIATE CAUSE (a	17	terioriles	tie	Hen	70	Cesea	ize mi	th in	TERVAL SETWI	EEN ATH
Canditians, if o gave rise ta i cause (a), stoting lying cause last.	mmediate (ngestus	_/\	heat	t	Turky	<u>-e</u>		4 ys.	4/3
PART II OTH	ier significant con	DITIONS C	ONTRIBUTING TO DEATH	BUT NO	OT RELATED TO TH	HETERMI	NAL DISEASE C	ONDITION GIVE	N IN PART 1(a)	19 WAS AUT PERFORME YES N	
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	URRED (E	Enter nature of i	njury in I	Part I or Part I)	af item 18.}			
ZOc. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Yes	20d. It While at war	Nat while	e PLACE factory	OF INJURY (Ho y, street, affice b	ldg., etc.)		(Caunty		(State)
21. I certify, th	of I offended the	deceos	ed from Jan		1958,	to Jr	reach 10	, 19. <i>60</i> H	hat I lost so	w the dece	ased
ACTUAL SIGNATURE	Lenny V	, 19 <i>6</i>	hase	eoth oc	corred ot 3	:35A	M, from th	e couses ond et, city ar tawn, sl	on the dat	e stated at DATE SI 3/11/6	bove.
PHYSICIAN'S HAME (Type)	enry V. Cha	ase,	M.D.		Frede	rick	, Maryl	and			
22a. BURIAL, CREMATIO REMOVAL (Specify) Burial	Mar. 12,		St. Mark					N (City, tawn, ar		(State) Maryla	nel
23 FUNERAL DIRECTOR			ADDRESS			4a REC'I	D BY REGISTRA	R 24b. REGIST	RAR'S SIGNATU	JRE	
M. R. Etch	ison & Son	, Fre	derick, Mary	ylane	1	ATE MI	AR 1 4 '60	Gal	Bun & He		



3293 CERTIFICATE OF DEATH

03294

	0203	GEIRIII I G	0. 00	-	Reg. Dist. No.
1. PLACE OF DEATH g. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (WINDOWS STATE Mary)	b. COUNT	ution: Residence before admission) IY Carroll
B. CITY OR TOWN RURAL and give	(If autside corporate limits, write peorest town)	c. LENGTH OF STAY IN 16 Since 3-18-60		outside corporote limits, write - Mt. Airy	RURAL and give nearest town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give street	address)	d. STREET ADDRESS	1100 2111	e. IS RESIDENCE ON A FARM?
rreder:	ick Memorial Hos	pital			YES NO X
3. NAME OF DECEASED (Type or print)	First Daniel	Middle	Williams	OF	onth Day Year arch 21 1960
5. SEX	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year	IF UNDER 1 YEAR IF UNDER 24 HRS.
male	colored WIDOW	DIVORCED [5-2-1904	last birthdoy 55 Y	
during most of wa	ION (Give kind of work done 10b. irking life, even if retired)				12. CITIZEN OF WHAT COUNTRY
1abore	3I. GC	nstruction	Maryla		0.5.
13. PATHER 3 HAME	Daniel Will	iams	Lucy		
	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	A	ddress
Yes, no, or unknown)	(If yes, give wor or dates of service)		bel William		
	FATH [Enter only one couse per line ATH WAS CAUSED 8Y:	/			INTERVAL BETWEEN ONSET AND DEATH
PART I. DE	IMMEDIATE CAUSE (a)	(remia			141.
Canditians, if gove rise to cotse (a), stating	immediate Dus To	hronic Py	elonephr	itis	10425.
lying cause lost					
CATI	Diabet	es melli	tus		FIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTION	/AS UNDERLYING ☐ 20b. DESI G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port I ar Port II of item 1B.)	,
20c. TIME OF INJU		_ Not white _ for	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify !	hat/1 attended the deceas	ed from 3/18	, 19/40 , to	3/21 , 196	Q, that I last saw the deceased
alive an	3/2/ 196	20 , and that death	occurred at 4:55	AM, from the causes	and on the date stated above
	9/ 1/	11		ADDRESS (Street, city or low	n, state) DATE SIGNED
ACTUAL SIGNATURE	Jenny VI	June-	M.D. 4 5 (church	St 3/21/60
PHYSICIAN'S NAME (Type)	Henry V. Chas	e, M.D.	Frede	rick 1	Maryland
220. BURIAL, CREMATI REMOVAL (Specify BUR LAI		22c, NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town	or county) (State) Maryland
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		MAR 2 4 160	GISTRAR'S SIGNATURE CIRCLES & Thomas

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 in by the funeral director, and 2 should be filed with may be retained by the haspital ar ottending physician.

OF RAL DIRECTOR: After this certificate has been signed by the attending physician and campletely page 5 shauld be detached far use as the burial-transit permit. Then pleam remaye carban papers. Pof the registrar priar to burial, cremotian, ar remayal, and in any event within 72 haurs afforded the TO F VS A15 (4) 15M 9/SS

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TELL AS SELVIN Part Francis - Fit Desputation of the Part State of the Company of re and a second 100 TO 10 Level of the control of the control and the state of the first of the state of t CANADA CONTRACTOR OF THE CONTR American Comment Comment of the Comm

TO F VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3294

CERTIFICATE OF DEATH

				1109.010	
1. PLACE OF DEATH a. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (W		institution: Residence	
 CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Frederick 	Since 4-16-58		outside corporate limits,		ive nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give stre OR INSTITUTION Odd Fellows He Maryland Odd Fellows He	et address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print)	Middle VIOLA	WOOTTON	4. DATE OF DEATH	March	7, Year 19 60
TO 7 7871- 2.5 -	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 6 June 1880	9. AGE (In	years IF UNDER 1 hday) Manths (YEAR IF UNDER 24 HRS Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10 during most of working life, even if retired)	b. KIND OF BUSINESS OR INDUS		or foreign country) e, Maryland		EN OF WHAT COUNTRY
John O. Perin		14. MOTHER'S MAIDEN Emma F . Bu			
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 (Yes, no, or unknown) (If yes, give war or dates of service)		nformant id Fellows Ho	me Records	(Same as	item #1)
Canditians, if ony, which gave rise to immediate cause (a), stating the under-lying cause last.	Cerebral Hemorr				INTERVAL BETWEEN ONST AND DEATH 2 Weeks
PART II. OTHER SIGNIFICANT CONDITION 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED				1(6) 19. WAS AUTOPSY PERFORMED? YES NO.
20c. TIME OF INJURY Manth, Day, Year 20d.	for the second	ACE OF INJURY (Hame, forn clary, street, office bldg., etc	n, 20f. (City ar tawn)	(C<	ounty) (Stote
21. I certify that I attended the deceded live an March 7, 18	meil	occurred at 11:10	M, from the caus ADDRESS (Street, city o	ses and an the	date stated above DATE SIGNED March 1960
PHYSICIAN'S William M. Smit	h, M. D.	Frederick			The state of the s
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 3/10/60	Loudon Park		Baltimo:	re, Mary	(Stole) 7 land
23. FUNERAL DIRECTOR'S SIGNATURE HOWard H. Hilbard 41	ADDRESS O7 Wilkens Av	70116 240. REC	D BY REGISTRAR 248	authun &	

E a march and a second and Next state of the and the state of the argument of the state of